

orm 990

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

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

OMB No 1545-0047

2002Open to Public
Inspection

For the 2002 calendar year, or tax year beginning

7/01/02, and ending 6/30/03

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization Wellspring House, Inc.		D Employer ID number 04-2735048
		Number and street (or P O box if mail is not delivered to street address) Room/suite 302 Essex Avenue		E Telephone number 978-281-3558
		City or town, state or country, and ZIP + 4 Gloucester MA 01930		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter no. of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4-digit GEN

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

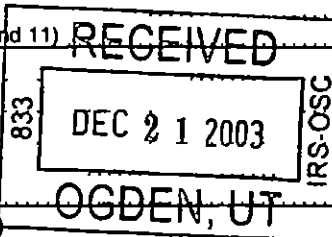
Web site

Organization type(check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **1,791,917****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	1,458,814	
b	Indirect public support	1b	7,000	
c	Government contributions (grants)	1c	250,986	
d	Total (add lines 1a through 1c) (cash \$ 1,685,489 noncash \$ 31,311)	1d	1,716,800	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	57,245	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	17,872	
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	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	1,791,917	
13	Program services (from line 44, column (B))	13	1,510,796	
14	Management and general (from line 44, column (C))	14	252,989	
15	Fundraising (from line 44, column (D))	15	196,160	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	1,959,945	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-168,028	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,757,055	
20	Other changes in net assets or fund balances (attach explanation)	20	798	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,589,825	



See Stmt 1

Form 990 (2002) , **Wellspring House, Inc.****04-2735048**Page **2**

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 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 \$ <u> </u> non-cash \$ <u> </u>)	22			
3	Specific assistance to individuals Stmnt 2	23	375,523	375,523	
4	Benefits paid to or for members	24			
5	Compensation of officers, directors, etc	25	57,972	57,972	
6	Other salaries and wages	26	828,803	632,400	102,815
7	Pension plan contributions	27			
8	Other employee benefits	28	47,510	34,208	5,226
9	Payroll taxes	29	73,050	52,597	8,035
10	Professional fundraising fees	30			
11	Accounting fees	31			
12	Legal fees	32			
13	Supplies	33	7,849	7,849	
14	Telephone	34	16,160	11,974	1,083
15	Postage and shipping	35	13,207	5,225	6,835
16	Occupancy	36			
17	Equipment rental and maintenance	37	7,419	5,027	813
18	Printing and publications	38	12,561	1,414	10,893
19	Travel	39	4,794	4,452	112
20	Conferences, conventions, and meetings	40	10,027	10,027	
21	Interest	41	36,687	34,864	536
22	Depreciation, depletion, etc (attach schedule)	42	59,117	54,585	1,332
23	Other expenses not covered above (itemize) a	43a			
	b See Statement 3	43b	409,266	280,651	58,480
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,959,945	1,510,796	252,989

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

"Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$

(i) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III **Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose?

To Provide Shelter and Direct Assistance to the Community

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a Family Shelter: a shelter for homeless families open 24 hours a day, 7 days a week.

(Grants and allocations \$) **366,772**

b Affordable Housing: Development of affordable housing.

(Grants and allocations \$) **101,599**

c Family Support Programs: community education programs for parents under stress and their children.

(Grants and allocations \$) **141,585**

d See Statement 4

(Grants and allocations \$) **792,722**

e Other program services (attach schedule) See Stmt 5 (Grants and allocations \$) **108,118**

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **1,510,796**

Part IV Balance Sheets (See page 24 of the instructions)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing	8,304	45
46	Savings and temporary cash investments	865,545	46 581,637
47a	Accounts receivable	30,642	
b	Less allowance for doubtful accounts	70,350	47c 30,642
48a	Pledges receivable		
b	Less allowance for doubtful accounts		48c
49	Grants receivable		49 141,269
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts		51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	7,997	53 14,682
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment basis		
b	Less accumulated depreciation (attach schedule)		55c
56	Investments-other (attach schedule)	See Stmt 6 229,960	56 254,733
57a	Land, buildings, and equipment basis	1,584,766	
b	Less accumulated depreciation (attach schedule)	See Stmt 7 546,310	57c 1,038,456
58	Other assets (describe <input type="checkbox"/> See Stmt 8)	54,314	58 8,541
59	Total assets (add lines 45 through 58) (must equal line 74)	2,296,768	59 2,069,960
60	Accounts payable and accrued expenses	55,145	60 68,179
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)	See Worksheet 434,568	64b 410,656
65	Other liabilities (describe <input type="checkbox"/> See Stmt 9)	50,000	65 1,300
66	Total liabilities (add lines 60 through 65)	539,713	66 480,135
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	659,567	67 926,062
68	Temporarily restricted	657,109	68 663,763
69	Permanently restricted	440,379	69
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds		72
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,757,055	73 1,589,825
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,296,768	74 2,069,960

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 in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

5 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
7	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
8a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
0a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
1a	Enter direct or indirect political expenditures See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
2a	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	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
5	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
6	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
7	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, 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
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs 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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
0a	List the states with which a copy of this return is filed <u>MA</u>	90b	35
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
1	The books are in care of <u>Nancy Schwoyer</u> Located at <u>Gloucester, MA</u>	Telephone no <u>978</u> 281-3558 ZIP + 4 <u>01930</u>	
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Rental Income					57,245
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	17,872	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		17,872	57,245
105 Total (add line 104, columns (B), (D), and (E))					75,117

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Rental Income provides for maintenance of affordable housing in the community.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

IDENT, EXEC DIRECTOR

SCHEDULE A ,
Form 990 or 990-EZ

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-(See separate instructions.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Wellspring House, Inc.

04-2735048

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

or Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expense) more than \$1,000? See Part V, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ 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 ☒ 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 ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, 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 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)

(b) Line number from above

- 4 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
5 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,583,935	883,862	886,579	647,047	4,001,423
6 Membership fees received					
7 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	336,165	332,495	369,949	378,609	1,417,218
8 Gross inc. from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	20,947	21,840	11,769	8,518	63,074
9 Net income from unrelated business activities not included in line 18					
10 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
11 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
12 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.				11,200	11,200
13 Total of lines 15 through 22	1,941,047	1,238,197	1,268,297	1,045,374	5,492,915
14 Line 23 minus line 17	1,604,882	905,702	898,348	666,765	4,075,697
15 Enter 1% of line 23	19,410	12,382	12,683	10,454	

16 Organizations described on lines 10 or 11:	a. Enter 2% of amount in column (e), line 24	26a	81,514
17 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	451,972
18 Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	4,075,697
19 Add: Amounts from column (e) for lines 18 <u>63,074</u> 19 <u> </u>		26d	526,246
20 <u>11,200</u> 20 <u> </u> 26b <u>451,972</u>		26e	3,549,451
21 Public support (line 26c minus line 26d total)		26f	87.0882%
22 Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

23 Organizations described on line 12: a. For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2001)	(2000)	(1999)	(1998)
24 For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A			
(2001)	(2000)	(1999)	(1998)
25 Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>			
26 17 <u> </u> 20 <u> </u> 21 <u> </u>			27c
27 Add: Line 27a total <u> </u> and line 27b total <u> </u>			27d
28 Public support (line 27c total minus line 27d total)			27e
29 Total support for section 509(a)(2) test. Enter amount on line 23, column (e): 27f			
30 Public support percentage (line 27e (numerator) divided by line 27f (denominator))			27g %
31 Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			27h %

32 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part IV Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
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?			
31 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32a Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?			
32b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
32c c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
32d 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)			
33a 3 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?			
33b b Admissions policies?			
33c c Employment of faculty or administrative staff?			
33d d Scholarships or other financial assistance?			
33e e Educational policies?			
33f f Use of facilities?			
33g g Athletic programs?			
33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a 4a Does the organization receive any financial aid or assistance from a governmental agency?			
34b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check <input type="checkbox"/> a	if the organization belongs to an affiliated group	Check <input type="checkbox"/> b	if you checked "a" and "limited control" provisions apply
Limits on Lobbying Expenditures			
(The term "expenditures" means amounts paid or incurred)			
6 Total lobbying expenditures to influence public opinion (grassroots lobbying)			36
7 Total lobbying expenditures to influence a legislative body (direct lobbying)			37
8 Total lobbying expenditures (add lines 36 and 37)			38
9 Other exempt purpose expenditures			39
10 Total exempt purpose expenditures (add lines 38 and 39)			40
11 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is-			The lobbying nontaxable amount is-
Not over \$500,000			20% of the amount on line 40
Over \$500,000 but not over \$1,000,000			\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000			\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000			\$1,000,000
12 Grassroots nontaxable amount (enter 25% of line 41)			42
13 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36			43
14 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38			44
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
5 Lobbying nontaxable amount					
6 Lobbying ceiling amount (150% of line 45(e))					
7 Total lobbying expenditures					
8 Grassroots nontaxable amount					
9 Grassroots ceiling amount (150% of line 48(e))					
10 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

1 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

- (i) Cash
- (ii) Other assets

- b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

[illegible]

Mortgages and Other Notes Payable		2002
Form 990/990-PF	For calendar year 2002, or tax year beginning 7/01/02 , and ending 6/30/03	
Name Wellspring House, Inc.		Employer Identification Number 04-2735048

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
1) BankNorth	None
2) BankNorth	None
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
1) 245,025	12/23/99	12/23/09	Monthly P & I: \$4,084	8.500
2) 240,000	6/10/00	5/10/25	Monthly P & I: \$1,785	8.750
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Security provided by borrower	Purpose of loan
1) Real Estate	Mortgage
2) Real Estate	Mortgage
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
1) None	200,662	180,886
2) None	233,906	229,770
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Totals	434,568	410,656

Form **4562****Depreciation and Amortization**

OMB No 1545-0172

(Including Information on Listed Property)

2002Department of the Treasury
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Wellspring House, Inc.

Identifying number

04-2735048

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Tangible Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately see pg 2 of the instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	57,550

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	57,550
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions

Form **4562** (2002)

JAA

There are no amounts for Page 2

Wellspring House, Inc.

04-2735048

om 4562 (2002)

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles)

4a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
5 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)							25				
6 Property used more than 50% in a qualified business use (see page 7 of the instructions)											
		%									
		%									
7 Property used 50% or less in a qualified business use (see page 7 of the instructions)											
		%				S/L-					
		%				S/L-					
8 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28				
9 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

0 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
1 Total commuting miles driven during the year						
2 Total other personal (noncommuting) miles driven						
3 Total miles driven during the year Add lines 30 through 32						
4 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
5 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
6 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

	Yes	No
7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
9 Do you treat all use of vehicles by employees as personal use?		
0 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
1 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)					
3 Amortization of costs that began before your 2002 tax year					43
4 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

1A

Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Total of fully depreciated assets per TC				5/01/89	6/30/03	\$	\$ 153,591	\$ 153,591	\$
Purchase						\$	\$ 153,591	\$ 153,591	\$
Total						\$	\$ 153,591	\$ 153,591	\$ 0

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Gain On Investments	\$ 798
Total	\$ 798

Federal Statements**Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
Specific assistance	\$ 375,523
Total	\$ 375,523

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Advertising	1,773	442	1,331	
Advertising	69	69		
Advertising	1,071	1,071		
Advertising	1,941	1,941		
Advertising	2,137	2,137		
Bank Charges	1,640		1,640	
Childcare	85	85		
Childcare	7,567	7,567		
Contract services	39,015	336	36,004	2,675
Contract services	450	450		
Contract services	35,067	35,067		
Contract services	30,570	30,570		
Contract services	4,244	4,244		
Food	11,874	9,984	1,890	
Food	2,678	2,678		
Food	2,719	2,719		
Food	644	644		
Household supplies	3,122	2,979	143	
Household supplies	398	398		
Household supplies	71	71		
Insurance	7,443	6,080	961	402
Insurance	5,194	5,194		
Insurance	685	685		
Insurance	1,641	1,641		
Insurance	302	302		
Miscellaneous	7,237	135	676	6,426
Miscellaneous	976	976		
Miscellaneous	81	81		
Miscellaneous	652	652		
Network expense	8,413	4,581	2,203	1,629
Network expense	136	136		
Network expense	1,086	1,086		
Network expense	4,074	4,074		
Office expense	7,087	1,582	4,177	1,328
Office expense	402	402		
Office expense	2,269	2,269		
Office expense	6,500	6,500		
Office expense	619	619		
Participants expenses	1,582	1,582		
Participants expenses	8,076	8,076		
Participants expenses	2,144	2,144		
Participants expenses	15,806	15,806		
Participants expenses	146	146		

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Professional Fees	\$ 15,233	\$	\$ 15,233	\$
Real Estate Taxes	7,185	5,930	886	369
Real estate taxes	7,884	7,884		
Real estate taxes	1,036	1,036		
Real estate taxes	1,514	1,514		
Real estate taxes	457	457		
Repairs & maintenance	13,497	11,397	1,482	618
Repairs & maintenance	16,113	16,113		
Repairs & maintenance	3,201	3,201		
Repairs & maintenance	2,533	2,533		
Repairs & maintenance	1,412	1,412		
Special Events	43,376			43,376
Staff training	2,267	144	1,833	290
Staff training	665	665		
Subcontractors	32,980	32,980		
Subscriptions	1,957	618	473	866
Subscriptions	960	960		
Subscriptions	3,819	3,819		
Subscriptions	469	469		
Utilities	11,723	10,019	1,203	501
Utilities	7,407	7,407		
Utilities	1,275	1,275		
Utilities	2,054	2,054		
Utilities	563	563		
Total	\$ 409,266	\$ 280,651	\$ 70,135	\$ 58,480

Statement 4 - Form 990, Part III, Line d - Statement of Program Service Accomplishments

Education. provision of educational programs to increase the skills and academic credentials of heads of household of homeless families^{OR} at risk of being homeless to obtain good paying jobs.[^]

Statement 5 - Form 990, Part III, Line e - Other Program Services

Economic Development Provision of training geared towards employment in local jobs.

Federal Statements**Statement 6 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
Investments	\$ 229,758	\$ 254,733	
Marketable Securities	202		
Total	<u>\$ 229,960</u>	<u>\$ 254,733</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 1,701,658	\$ 641,360	\$ 1,584,766	\$ 546,310
Total	<u>\$ 1,701,658</u>	<u>\$ 641,360</u>	<u>\$ 1,584,766</u>	<u>\$ 546,310</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Loan Acquisition Cost	\$ 4,314	\$ 3,739
Due from Operating Fund	50,000	
Real Estate Tax Escrow		4,802
Total	<u>\$ 54,314</u>	<u>\$ 8,541</u>

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Due to Endowment Fund	\$ 50,000	\$
Security Deposits		1,300
Total	<u>\$ 50,000</u>	<u>\$ 1,300</u>

Federal Statements

04-2735048

FYE: 6/30/2003

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name		Title		Average Hours		City, State, Zip	
Comp	Benefits	Expenses	Address	Hours			
Jackie Littlefield	0	0	Chair	As needed		Gloucester, MA	01930
Dana Beauvais	0	0	0 15 Norwood Heights	As needed		Ipswich, MA	01938
Susan Brengle	0	0	Director	As needed		Ipswich, MA	01938
Patty Doggett	0	0	0 48 North Main Street	As needed		Byfield, MA	01922
Anne Gifford	0	0	Director	As needed		Manchester, MA	01944
Rosemary Haughton	0	0	0 1 Beachview Road	As needed		Gloucester, MA	01930
Tess Hopper	0	0	Director	As needed		Gloucester, MA	01930
Clark Miller	0	0	0 One Elm Street	As needed		Boxford, MA	01921
Debby Nelson	0	0	Director	As needed		Rockport, MA	01966
Sinikka Nogelo	0	0	0 107 Summer Street	As needed		Gloucester, MA	01930
Kay O'Rourke	0	0	Clerk	As needed		Jamaica Plain, MA	02130
Jane Porter	0	0	0 302 Essex Avenue	As needed		Magnolia, MA	01930
Carol Provenzano	0	0	Director	As needed		Peabody, MA	01960
Bob Rogers	0	0	0 311 Concord Street	As needed		Prides Crossing, MA	01965
Dan Salera	0	0	Director	As needed		Ipswich, MA	01938
Jane Saltonstall	0	0	0 P O Box 241	As needed		Manchester, MA	01944
Nancy Sanchez-Faul	0	0	Director	As needed		Beverly, MA	01915
Nancy Schwoyer	0	0	0 73 Penzance Road	As needed		Gloucester, MA	01930
	57,972	3,181	0 608 Western Avenue	As needed			
			Treasurer	As needed			
			0 35 Hampstead Road	As needed			
			Director	As needed			
			0 10 Ryan Road	As needed			
			Director	As needed			
			0 46 Lynnfield Street	As needed			
			Director	As needed			
			0 P O Box 138	As needed			
			Director	As needed			
			0 4 Hood Farm Road	As needed			
			Director	As needed			
			0 388 Summer Street	As needed			
			Director	As needed			
			0 21 Atlantic Avenue	As needed			
			Exe Dir/Pres	40			
			0 302 Essex Avenue				

Federal Statements

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name		Title	Average Hours		City, State, Zip
Comp	Benefits		Expenses	Address	
Jane Shigley	0	0	0	Director 117 D Tall Oaks Drive	Weymouth, MA 02190
Leslee Shlopak	0	0	0	Director 6 Camborne Way	Rockport, MA 01966
Linda Sojda	0	0	0	Director 22 Starknought Heights	Gloucester, MA 01930
Annie Thomas	0	0	0	Director 65 Sumner Street	Gloucester, MA 01930
Mary Jane Veronese	0	0	0	Director 5 Blossom Lane	Magnolia, MA 01930
Eliot Vestner	0	0	0	Director 85 East India Row, Apt 4A-B	Boston, MA 02110
Sage Walcott	0	0	0	Director 359 Western Avenue	Gloucester, MA 01930
Dick Wilson	0	0	0	Director 12 Village Road	Magnolia, MA 01930

04-2735048

Federal Asset Report

FYE: 6/30/2003

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	Land 302 Essex Ave	7/01/81	35,000				35,000	0 -- Land	0	0
2	Land 99 Washington	10/01/85	11,000				11,000	0 -- Land	0	0
3	Land 11 Chestnut St	6/01/86	17,900				17,900	0 -- Land	0	0
4	Land Emerson Ave	5/10/00	190,000				190,000	0 -- Land	0	0
5	Building 302 Essex Ave	7/01/85	105,000				105,000	30 MO S/L	73,500	3,500
6	Building 99 Washington	10/01/85	99,000				99,000	30 MO S/L	56,100	3,300
7	Building 11 Chestnut St	6/01/86	161,100				161,100	30 MO S/L	85,918	5,370
8	Emerson Ave	5/10/00	239,063				239,063	30 MO S/L	17,266	7,969
9	Apprise Software	7/01/98	3,000				3,000	5 MO200DB	2,482	518
10	Voice Mail System - Essex	3/21/00	1,500				1,500	5 MO S/L	675	300
11	Furn & Fixtures Essex	1/01/90	1,735				1,735	5 MO200DB	1,735	0
12	Computers Essex	7/14/99	1,649				1,649	5 MO S/L	990	330
13	Computer Wiring	4/02/01	8,437				8,437	5 MO200DB	3,628	1,924
14	Computer Cables	4/30/01	4,690				4,690	5 MO200DB	2,017	1,069
15	Computer Server	5/14/01	1,210				1,210	5 MO200DB	521	276
16	Modems, Cables	5/14/01	439				439	5 MO200DB	189	100
17	Workstations	5/14/01	17,138				17,138	5 MO200DB	7,369	3,908
18	Virus Software	5/14/01	1,672				1,672	5 MO200DB	719	381
19	Printers	5/14/01	2,781				2,781	5 MO200DB	1,196	634
20	Computer	5/21/01	814				814	5 MO200DB	350	186
21	Workstation Installation	5/22/01	1,120				1,120	5 MO200DB	482	255
22	Work Plan Router	6/20/01	431				431	5 MO200DB	186	98
23	Loft 1981	12/01/81	10,662				10,662	30 MO S/L	7,468	355
24	Loft 1982	7/01/82	8,641				8,641	30 MO S/L	5,760	288
25	Carport	7/01/87	7,500				7,500	30 MO S/L	3,500	250
26	Complete Annex	7/01/88	5,300				5,300	30 MO S/L	2,475	177
27	Bath Renovations	4/01/95	4,500				4,500	10 MO S/L	3,375	450
28	Ellis New Bathroom	9/01/95	3,980				3,980	10 MO S/L	2,587	398
29	Unis New Bathroom	9/01/95	3,300				3,300	10 MO S/L	2,145	330
30	Ellis Renovation	12/01/96	7,609				7,609	10 MO S/L	4,185	761
31	Nardone Construction	3/01/97	3,000				3,000	10 MO S/L	1,650	300
32	Essex Bldg Improvements	8/01/99	2,500				2,500	30 MO S/L	242	83
33	Essex Bldg Improvements	9/29/99	1,935				1,935	30 MO S/L	178	65
34	Essex Bldg Improvements	10/26/99	5,000				5,000	30 MO S/L	445	167
35	Bathroom - Essex	11/09/99	4,448				4,448	30 MO S/L	395	148
36	Education Center	7/01/95	311,836				311,836	30 MO S/L	77,961	10,395
37	Ellis Company	4/01/96	8,843				8,843	30 MO S/L	1,917	295
38	Office Furniture/Chairs	3/01/99	3,178				3,178	5 MO S/L	2,120	636
39	Ed Center	7/21/99	299				299	5 MO S/L	175	60
40	Computer Town Printer	2/01/95	277				277	5 MO S/L	277	0
41	Copy Machine	2/12/01	1,098				1,098	5 MO200DB	538	224
42	Computer	12/05/00	2,081				2,081	5 MO200DB	1,144	375
43	Copy Machine	2/12/01	1,098				1,098	5 MO200DB	538	224
44	Flooring Washington	6/01/01	1,477				1,477	10 MO S/L	160	148
45	Building Imp Washington	10/01/85	89,700				89,700	30 MO S/L	49,946	2,990
46	Nardone	2/01/97	2,250				2,250	10 MO S/L	1,238	225
47	Nardone	2/01/97	2,350				2,350	10 MO S/L	1,293	235
48	Flooring - Washington	5/12/00	3,333				3,333	30 MO S/L	241	111
49	Heating System - Washington	10/12/00	6,575				6,575	10 MO S/L	1,151	658
50	Heating System - Washington	11/20/00	8,150				8,150	10 MO S/L	1,290	815
51	Stoves - Washington	11/21/00	800				800	5 MO200DB	440	144
52	Windows & Doors	3/16/01	6,982				6,982	10 MO S/L	873	698
53	Building Imp - Chestnut	10/01/87	94,000				94,000	30 MO S/L	46,999	3,133
54	Action Inc	12/01/87	8,645				8,645	30 MO S/L	4,322	288
55	Building Imp - Chestnut	1/01/88	800				800	30 MO S/L	388	27
56	Boiler - Chestnut	8/24/00	4,583				4,583	10 MO S/L	840	458
57	Roof - Chestnut	9/05/00	4,300				4,300	30 MO S/L	262	143
58	Heating Baseboard	12/05/00	3,374				3,374	10 MO S/L	534	337
59	Building Imp - Emerson	8/15/00	1,730				1,730	30 MO S/L	111	58
60	Building Imp - Emerson	5/16/01	1,898				1,898	30 MO S/L	68	63
61	Dell Computer	8/11/00	3,440				3,440	5 MO200DB	2,098	537
62	Total of fully depreciated assets per TC Sold/Scrapped 6/30/03	5/01/89	153,591				153,591	5 MO S/L	153,591	0
63	Essex	8/01/99	1,914				1,914	5 MO S/L	1,117	383
Total Other Depreciation			1,701,656				1,701,656		641,360	57,550
Total ACRS and Other Depreciation			1,701,656				1,701,656		641,360	57,550

Federal Asset Report
Indirect Depreciation

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Sec</u> <u>168(k)</u>	<u>Basis</u> <u>for Depr</u>	<u>Per</u> <u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		1,701,656				1,701,656			641,360	57,550
	Less Dispositions		153,591				153,591			153,591	0
	Net Grand Totals		1,548,065				1,548,065			487,769	57,550

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
Other Contributions	\$ 1,223,374	\$ 31,311	\$ 1,254,685
Total	\$ 1,223,374	\$ 31,311	\$ 1,254,685

Form 990, Part I, Line 1b - Indirect Public Support

Description	Cash	Noncash	Total
Other Contributions	\$ 7,000	\$	\$ 7,000
Total	\$ 7,000	\$ 0	\$ 7,000

Form 990, Part I, Line 1c - Government Contributions

Description	Cash	Noncash	Total
Other Contributions	\$ 250,986	\$	\$ 250,986
Total	\$ 250,986	\$ 0	\$ 250,986

8868
 (December 2000)
 Department of the Treasury
 Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

015537
OMB No 1545-1709

▶ File a separate application for each return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ ☒

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed) ▶ ☐Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

Other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Name of Exempt Organization	Employer identification number
Wellspring House, Inc.	04-2735048
Number, street, and room or suite no. If a P O box, see instructions	
302 Essex Avenue	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
Gloucester MA 01930	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

If the organization does not have an office or place of business in the United States, check this box ▶ ☐

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____

If this is

the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the

names and EINs of all members the extension will cover

I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/17/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning 7/01/02 and ending 6/30/03
If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____
Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

 Signature ▶ [Signature] Title ▶ CPA
 Paperwork Reduction Act Notice, see Instruction
Date ▶ 10/15/03Form **8868** (12-2000)