Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2005
Open to Public Inspection

A	For the 2t	ل calendar year, or tax year deginning	UL 1, 2005 and	ending JUN 30	, 2006	
B	Check if applicable	Please C Name of organization			D Employer	identification number
Γ	Address change	use IRS label or print or WELLSPRING HOUSE, IN	iC.		04-2	735048
F	Name	type Number and street (or P O box if mail is n				
F	lchange lnitial return	Specific 302 ESSEX AVENUE	or delivered to Street address)	Room/suite	(978	
F	Final	Instruc-			F Accounting me	
	retum Amende		_		Other	
F	return Applicat	on Section 501(c)(3) organizations and 4947(a)		H and I are not ann	icable to se	ction 527 organizations.
	pėnding	must attach à completed Schedule A (Form 9	9Ó or 990-EZ).	H(a) Is this a group r		
G	Website.	►WWW.WELLSPRINGHOUSE.ORG		H(b) If "Yes," enter nu		/ _
				27 H(c) Are all affiliates		N/A Yes No
		e la if the organization's gross receipts are nor		(If "No," attach a	list)	
		on need not file a return with the IRS, but if the organiz		H(d) Is this a separat ganization cover	e return filed i red by a groui	p ruling? Yes X No
		e a complete return. Some states require a complete r	•	I Group Exemption		/-
					•	ation is not required to attach
L	Gross rec	eipts Add lines 6b, 8b, 9b, and 10b to line 12	1,376,511.		•	
P	art I	Revenue, Expenses, and Changes in		<u> </u>		<u> </u>
		Contributions, gifts, grants, and similar amounts received				
	а	Direct public support	1:	754,4	22.	
	b	Indirect public support	10	b		
	C	Government contributions (grants)	10	231,8	16.	
	d	Total (add lines 1a through 1c) (cash \$9	86,238 noncash \$) 1d	986,238.
	2	Program service revenue including government fees a	nd contracts (from Part VII, line 93	3) _	2	172,129.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities	•	•	5	5,308.
	6 a	Gross rents	<u>6</u>	a		
	b	Less rental expenses	6	b		
	C	Net rental income or (loss) (subtract line 6b from line	6a)		<u>6c</u>	
ē		Other investment income (describe	r 	<u> </u>) 7	
ent	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other		
Rev		than inventory	8			
		Less cost or other basis and sales expenses	81	<u> </u>		
		Gain or (loss) (attach schedule)	<u>8</u>	<u>C </u>		
	l a	Net gain or (loss) (combine line 8c, columns (A) and (••		<u>8d</u>	<u> </u>
	9	Special events and activities (attach schedule) If any a				
		Gross revenue (not including \$	O • of contributions	a 152,5	76	
	1	reported on line 1a)	9:	<u> </u>		
	į.	Less direct expenses other than fundraising expenses Net income or (loss) from special events (subtract line		STATEMENT	1 gc	92,636.
		Gross sales of inventory, less returns and allowances	10	1		<u> </u>
		Less cost of goods sold	10			
		Gross profit or (loss) from sales of inventory (attach se			10c	
	11	Other revenue (from Part VII, line 103)			11	60,260.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	POSTMARK oc and 11)	RECEIVED	12	1,316,571.
	13	Program services (from line 44, column (B))			13	1,044,785.
ses	14	Management and general (from line 44, column (C))	NOV - 1 708	NOV - 6 OB	14	301,621.
en	15	Fundraising (from line 44, column (D))		MAA . Q AD	15	232,372.
Exp	•	Payments to affiliates (attach schedule)		_	16	
	17	Total expenses (add lines 16 and 44, column (A))	IRS - QC	DEN M	17	1,578,778.
	18	Excess or (deficit) for the year (subtract line 17 from li	ne 12)			<262,207.>
Net	ຼິ່ງ 19	Net assets or fund balances at beginning of year (from	line 73, column (A))		19	1,506,017.
Z	ž 20	Other changes in net assets or fund balances (attach e	xplanation) SEE	STATEMENT	2 20	27,192.
<u> </u>	21	Net assets or fund balances at end of year (combine li	nes 18, 19, and 20)	<u> </u>	21	1,271,002.
523 02-0	001 03-06 l	HA For Privacy Act and Paperwork Reduction Act	Notice, see the separate instructi	ions.		Form 990 (2005)

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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
22 Grants and allocations (attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22	<u></u>			
3 Specific assistance to individuals (attach					
schedule)	23	, <u></u>			
4 Benefits paid to or for members (attach					
schedule)	24				·····
5 Compensation of officers, directors, etc. * *	25	81,174.	0.	81,174.	0.
6 Other salaries and wages	26	800,935.	582,382.	106,313.	112,240.
7 Pension plan contributions	27				<u> </u>
8 Other employee benefits	28	68,717.	38,790.	22,477.	7,450.
9 Payroll taxes	29	84,488.	55,952.	17,630.	10,906.
D Professional fundraising fees	30				
1 Accounting fees	31	23,400.		23,400.	
2 Legal fees	32				. <u> </u>
3 Supplies	33	4,435.	4,435.		
4 Telephone	34	11,982.	8,800.	1,855.	1,327.
5 Postage and shipping	35	12,227.	3,873.	651.	<u>7,703.</u>
6 Occupancy	36	95,263.	89,304.	4,411.	1,548.
7 Equipment rental and maintenance	37	5,475.	5,133.	253.	89.
8 Printing and publications	38	29,763.	2,424.	186.	27,153.
9 Travel	39	4,545.	3,598.	227.	720.
Onferences, conventions, and meetings	40	3,264.	3,264.		
1 Interest	41				
2 Depreciation, depletion, etc. (attach schedule)	42	61,071.	57,248.	2,828.	995.
Other expenses not covered above (Itemize):					
a	43a				
b	43b				
C	43c				
d	431		_		
e	43e				
f	43f				
g SEE STATEMENT 3	43g	292,039.	189,582.	40,216.	62,241
Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines					
13-15)	44	1,578,778.	1,044,785.	301,621.	<u>232,372</u> .
Joint Costs. Check if you are following Are any joint costs from a combined educational campaint "Yes," enter (i) the aggregate amount of these joint cost (iii) the amount allocated to Management and general \$	gn and sts \$ _	fundraising solicitation rep	<u> </u>	es? Program services \$	Yes X No N/A N/A

** SEE STATEMENT 4

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

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.

	at is the organization's primary exempt purpose? PROVIDE SHELTER AND DIRECT ASSISTANCE TO THE COMMUNITY	Program Service Expenses
All d	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	FAMILY SHELTER: A SHELTER FOR HOMELESS FAMILIES OPEN 24 HOURS A DAY, 7 DAYS A WEEK.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ AFFORDABLE HOUSING: DEVELOPMENT OF AFFORDABLE HOUSING.	408,260.
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	146,234.
C	FAMILY SUPPORT PROGRAMS: COMMUNITY EDUCATION PROGRAMS FOR PARENTS UNDER STRESS AND THEIR CHILDREN.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	132,457.
đ	EDUCATION: PROVISION OF EDUCATIONAL PROGRAMS TO INCREASE THE SKILLS AND ACADEMIC CREDENTIALS OF HEADS OF HOUSEHOLD OF HOMELESS FAMILIES AT RISK OF BEING HOMELESS TO OBTAIN GOOD PAYING JOBS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	357,834.
е	Other program services (attach schedule)	<u> </u>
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
<u>t</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,044,785.
		Form 990 (2005)

	, 	Balance Sheets (See the instructions.)	JUDE, I	IVC •		<u> </u>	733040	Page
te:	Whe	re required, attached schedules and amounts vild be for end-of-year amounts only.	within the de	scription column	(A) Beginning of year		(B) End of year	7
į	45 Cash - non-interest-bearing				235,908.	45	171,	707
	46	Savings and temporary cash investments		46				
	47 a Accounts receivable 47a 168,23			168,239.	252 520		1 6 0	220
	þ	Less: allowance for doubtful accounts	47b		253,529.	47c	168,	239
	48 a	Pledges receivable	48a					
	b	Less: allowance for doubtful accounts	48b		<u> </u>	48c		
} ,	49	Grants receivable			115,360.	49	84,	060
, ,	50	Receivables from officers, directors, trustees,						
		and key employees	1 1			50	<u>-</u> -	_
		Other notes and loans receivable	51a					
		Less: allowance for doubtful accounts	51b		_	51c		
- 1	52 50	Inventories for sale or use			15 007	52	2 2	165
i	53 5.4	Prepaid expenses and deferred charges			15,897.	53	22,	103
i	54 55 a	Investments - securities		Cost FMV _		54		
	55 a	Investments - land, buildings, and	550					
		equipment: basis	55a					
	h	Less: accumulated depreciation	55b			55c		
	56	• • • • • • • • • • • • • • • • • • •		TEMENT 5	546,526.	56	584,	181
- 1	57 a	Land, buildings, and equipment: basis	57a	1,679,148.		- 50		
		Less: accumulated depreciation STMT 6	57b	728,998.	997,400.	57c	950,	150
	58			TEMENT 7	11,856.	58	48,	
					^ 17 <i>C 17C</i>		2 0 2 0	700
	59 60	Total assets (must equal line 74). Add lines 4	5 through 58	3	2,176,476.	 	2,028, 120	
l	60 c₁	Accounts payable and accrued expenses		-	170,379.	60	129,	900
	61 62	Grants payable				61		
	62 63	Deferred revenue		_		62		<u> </u>
1		Loans from officers, directors, trustees, and k Tax-exempt bond liabilities	tey employee	es -		63		
		Mortgages and other notes payable			500,080.	64a 64b	487,	753
' 	65	Other liabilities (describe > LINE OF CF	REDIT	\ \ \ \	300,000.	65	140,	
	66	Total liabilities. Add lines 60 through 65)			670,459.	66	757,	721
'	Orga	nizations that follow SFAS 117, check here	► X and	l complete lines				
		67 through 69 and lines 73 and 74.			1 404 154		1 227	<i>-</i> 4 -
<u>'</u>	67	Unrestricted		<u> </u>	1,484,154.	 	<u>1,237,</u>	
i I	68 60	Temporarily restricted		<u> </u>	21,863.	 	33,	35
: I	69 0	Permanently restricted				69		
; '	Orga	nizations that do not follow SFAS 117, chec	K nere	and				
,	70	Capital stock, trust principal, or current funds	•			70		
	70 71	Capital stock, trust principal, or current funds		- fusa	<u> </u>	70		
	71 72	Paid-in or capital surplus, or land, building, an				71	- -	
		Retained earnings, endowment, accumulated Total net assets or fund balances (add lines 67 thr	_	——————————————————————————————————————		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72,						001	
		column (A) must equal line 19, column (B) must eq	21\ מחול לבנו		1,506,017.	73	1,271,	[][]

	Total revenue, gains, and other support per audited financial statements			a	1,525,913.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	27,192.		
2	Donated services and use of facilities	b2	156,829.	+ 1	
3	Recoveries of prior year grants	b3			
	DOCKDODE TODAT	b4	25,321.		
	Add lines b1 through b4	<u></u>		[b	209,342.
C	Subtract line b from line a			C	1,316,571.
d	Amounts included on Part I, line 12, but not on line a:	•			
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	-		
	Add lines d1 and d2			d	0.
е	Total revenue (Part I, line 12). Add lines c and d			e	1,316,571.
Pa	rt IV-B Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per	Ret	urn
a	Total expenses and losses per audited financial statements			а	1,754,544.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	156,829.		
2	Prior year adjustments reported on Part I, line 20	b2	•		
3	Losses reported on Part I, line 20	b3			
4	Other (specify): ROCKPORT LODGE	b4	18,937.		
	Add lines b1 through b4			ь	175,766.
C	Subtract line b from line a			С	1,578,778.
đ	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
				· · · · ·	1,578,778.

(A) Name and address	(B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NANCY SCHWOYER	EXECUTIVE DIR	ECTOR		
GLOUCESTER, MA 01930	40.00	76,666.	4,508.	0.
SEE ATTACHED LIST OF BOARD OF DIRECTORS NONE OF WHOM ARE	SEE ATTACHED			
COMPENSATED EXCEPT THE ONE ABOVE.	3.00	0.	0.	0.
			<u> </u>	Form 990 (2005)

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Part V-A Current Officers, Directors, Trustees, and Ke	y Employees (continu	red)			Yes	No	
75 a Enter the total number of officers, directors, and trustees permitted to	to vote on organization bu	siness at board	2.2				
meetings			23				
b Are any officers, directors, trustees, or key employees listed in Form	•	·	· · · · · · · · · · · · · · · · · · ·	***			
listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business related	-		•				
Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
c Do any officers, directors, trustees, or key employees listed in Form	000 Part V.A. or blaboot a	amaaaatad amal	011005	75b			
listed in Schedule A, Part I, or highest compensated professional an	_	· -	- E				
Part II-A or II-B, receive compensation from any other organizations,	-						
organization through common supervision or common control?	-		ļ.	75c		X	
Note. Related organizations include section 509(a)(3) supporting org							
If "Yes," attach a statement that identifies the individuals, explains the relations describes the compensation arrangements, including amounts paid to each in			ization(s), and				
d Does the organization have a written conflict of interest policy?				75d	Х		
Part V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation o				
Benefits (If any former officer, director, trustee, or key er	nployee received compens	sation or other ber	efits (described	d belo	w) du	_	
the year, list that person below and enter the amount of co	mpensation or other bene	.,	+				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred	20	E) Expe		
NONE	<u> </u>		compensation plan	s othe	r allow	ances	
~							
	· · · · · · · · · · · · · · · · · · ·			+			
				$+\!-$			
				\bot			
				+			
Part VI Other Information (See the Instructions)			<u> </u>		Voc	No	
76 Did the organization engage in any activity not previously reported to	o the IRS? If "Yes " attach	a detailed			Yes	NO	
description of each activity	o the hite in 165, attach	a detailed	f	76		Х	
77 Were any changes made in the organizing or governing documents i	but not reported to the IRS	S ?		77		X	
If "Yes," attach a conformed copy of the changes.	•						
78 a Did the organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this re	, F	78a	_	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	-	N/A	78b			
Was there a liquidation, dissolution, termination, or substantial contr			,	79		X	
80 a is the organization related (other than by association with a statewick membership, governing bodies, trustees, officers, etc., to any other		,	on	00-		Y	
membership, governing bodies, trustees, officers, etc., to any other bull "Yes," enter the name of the organization $ ightharpoonup N/A$	evenibi oi nonexembi oid	ainzation		80a		<u></u>	
,	and check whether it is	exempt or	nonexempt				
81 a Enter direct or indirect political expenditures. (See line 81 instruction	_	81a	0.				
b Did the organization file Form 1120-POL for this year?				81b		X	
523161/02-03-06				Form	990	(2005)	

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Pa	rt VI Other Information (continued)		Yes	No
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	X	ļ
þ	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.) <u>82b 156,829</u>	•		
83 a	to a second to the second to t	83a	X	
b	are the digamental action, with the distribute requirements relating to date pro dec continuations.	83b	<u> </u>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations $$ a Were substantially all dues nondeductible by members? $$ N/A $_{\cdot}$	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? \cdot	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 N/A			
d	Section 162(e) lobbying and political expenditures N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	<u> </u>	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	_		ļ
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ŧ.
88	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	ļ	X
89 a				
	section 4911 ►			
þ	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	89b		<u> X</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			•
	sections 4912, 4955, and 4958			<u> </u>
	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 $\blacktriangleright MA$			
	Number of employees employed in the pay period that includes March 12, 2005	201	2.5	35
yı a	The books are in care of ► NANCY SCHWOYER, EXECUTIVE DIRECTOR Telephone no ► (978) Located at ► 302 ESSEX AVENUE, GLOUCESTER, MA ZIP+4 ►	$\frac{281}{0193}$		<u>58</u>
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		X
	If "Yes," enter the name of the foreign country $ ho$ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country \blacktriangleright N/A			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	•	. ▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	
		Form	990	(2005)

Part v	H Analysis of Income-	Producing A	<u>'</u>		· · · · · · · · · · · · · · · · · · ·		
	nter gross amounts unless other	wise		ed business income		by section 512, 513, or 514	(E)
indicate	ed.		(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt
	gram service revenue:		code		sion code	Allibuit	function income
-	ENTAL INCOME						103,290.
b <u>C</u> C	ONTRACTED SERVICE	ES		, <u>, </u>			68,839.
C _			-				
е —	<u> </u>						
f Med	dicare/Medicaid payments						<u> </u>
	s and contracts from governmen	at agencies	<u>-</u>	<u></u>			<u> </u>
	mbership dues and assessments					<u> </u>	<u> </u>
	rest on savings and temporary cash				1/	5 200	<u> </u>
	dends and interest from securiti				14	5,308.	· · · · · · · · · · · · · · · · · · ·
	rental income or (loss) from real	estate:					
a deb	t-financed property						
b not	debt-financed property			-			
98 Net	rental income or (loss) from per-	sonal property					
99 Oth	er investment income						·····
100 Gair	n or (loss) from sales of assets						
othe	er than inventory						
101 Net	income or (loss) from special ev	ents	•		01	92,636.	
	ss profit or (loss) from sales of in			 		·	
	er revenue:						
	THER INCOME						260.
	EAL ESTATE DEVEL	ЭРМЕИТ					
	EES	<u> </u>					60,000.
<u>د د</u>							00,000.
u	· 						
e						07 044	222 200
	ototal (add columns (B), (D), and	`			U • I	97,944.	<u>232,389.</u>
	al (add line 104, columns (B), (D)			0 0 41		_	330,333.
	ne 105 plus line 1d, Part I, should	 					
Part V	~~ ~~!~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	••					• •
Line No.		•		• •	uted importan	itly to the accomplishment o	of the organization's
	exempt purposes (other than by	` 	or such purpo	ses)		<u> </u>	<u> </u>
	SEE STATEMENT	8					
							
Part I	X Information Regardi	ng Taxable	Subsidiar	ies and Disrega	rded Enti	i ties (See the Instruction	າຣ.)
**************************************	(A)	(B)		(C)		(D)	(E)
Name,	address, and EIN of corporation, thership, or disregarded entity	Percentage of ownership interes	at l	Nature of activities		Total income	End-of-year
pan	thorship, or disregarded criticy	· · · · · ·	%				<u>assets</u>
	N/A		%	 -			
	TA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		'	<u> </u>	-		
			%				
			%				
Part X	Information Regardi	ng iransters	s Associa	ted with Person	iai Beneti	it Contracts (See the	
(a) Did	I the organization, during the year, re	ceive any funds, o	directly or indi	rectly, to pay premiums	on a persona	al benefit contract?	Yes X No
(b) Did	I the organization, during the year, pa	ay premiums, dire	ctly or indirec	tly, on a personal benefi	t contract?		Yes X No
Note: /	f "Yes" to (b), file Form 8870 and			<u> </u>			
Please	Under penalties of perjury, I declare that correct, and complete Declaration of pr	t I have examined this eparer (other than offi	s return, including icer) is based on	g accompanying schedules all information of which pre	and statements parer has any ki	, and to the best of my knowledg	e and belief, it is true,
Sign	Writeda.	(novey)	Scher		WINIFR	ED A . (NANCY) SCHO	NOYEL, PRESIDENT
Here	Signature of officer			Date	· ———	nt name and title.	<u> </u>
-	Preparer's				Date	1 15	Preparer's SSN or PTIN
Paid	signature Jado Mu	mith CF				06 self-	
Preparer's	Firm's name (or LINDA	M SMTTH	, CPA,	PC			
Use Only	yours if		•	UITE #200		EIN -	
523163 02-03-06	address and	ROUGH, M					5001071 7170
	ZIP + 4 WESTBU	NOUGH, M	V ATDO	_		Phone no (:	508)871-7178

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

2005

WELLSPRING HOUSE, INC.			04 27350	048
		Officers, Dire	ctors, and T	rustees
Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit	lacocust and other
ther employees paid				
Compensation of the Five Highest Paid Inde	ependent Contractor	rs for Profess	ional Servic	es
	-			
a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
	. <u> </u>			
thers receiving over				<u> </u>
ssional services	0			
(List each contractor who performed services other than profession	onal services, whether individu		ervices	
a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
				·
		<u></u>		
ther contractors receiving over				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
services	<u> </u>	<u> </u>	1 .11.	
	Compensation of the Five Highest Paid Em (See page 1 of the instructions List each one If there are none, e Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Inde (See page 2 of the instructions List each one (whether individuals a) Name and address of each independent contractor paid more th there receiving over sistonal services Compensation of the Five Highest Paid Inde (List each contractor who performed services other than professifirms if there are none, enter "None" See page 2 of the instruction a) Name and address of each independent contractor paid more th there contractors receiving over	Compensation of the Five Highest Paid Employees Other Than (See page 1 of the instructions List each one If there are none, enter None 1) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractor (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter None 1) Name and address of each independent contractor paid more than \$50,000 there receiving over	Compensation of the Five Highest Paid Employees Other Than Officers, Dire (See page 1 of the instructions. List each one if there are none, enter 'None') Name and address of each employee paid more than \$50,000 Compensation Compensation of the Five Highest Paid Independent Contractors for Profess (See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter 'None') Name and address of each independent contractor paid more than \$50,000 (b) Type of: The professional Services Compensation of the Five Highest Paid Independent Contractors for Other S (List each contractor who performed services other than professional services, whether individuals or firms if there are none, enter 'None' 'See page 2 of the instructions') Name and address of each independent contractor paid more than \$50,000 (b) Type of: The professional Services of the Pive Highest Paid Independent Contractors for Other S (List each contractor who performed services other than professional services, whether individuals or firms if there are none, enter 'None' 'See page 2 of the instructions') Name and address of each independent contractor paid more than \$50,000 (b) Type of: The professional services, whether individuals or firms if there are none, enter 'None' 'See page 2 of the instructions') The professional services whether individuals or firms if there are none, enter 'None' 'See page 2 of the instructions') The professional services whether individuals or firms if there are none, enter 'None' 'See page 2 of the instructions')	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and T (See page 1 of the instructions List each one if there are noise, enter Noise ?) Name and address of each employee paid (D) Thile and everage hours per weeks of each employee paid (P) (E) Compensation (P) (E) Compensation (P) (E) Compensation (P) (E) Compensation (P) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E

523101/02-03-06

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

Schedule A (Form 990 or 990-EZ) 2005

Scheo	lule A (F	orm 990 or 990-EZ) 2005 WELLSPRING HOUSE, INC.	73504	8	Page 2
Par	t III	Statements About Activities (See page 2 of the instructions)		Yes	No
		e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
		inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	• •	activities > \$ \$ \$ (Must equal amounts on line 38, Part VI-A, o)r		
		art VI-B) 	1		X
		ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations "Voc" must complete Book VI-B. AND attack a statement giving a detailed decomption of the Jokhann actuals."			
		"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
tr p	rustees, (erson is	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any guestion is "Yes,"			
		detailed statement explaining the transactions.) nange, or leasing of property?	2a_	<u> </u>	X
b L	ending c	of money or other extension of credit?	2b		X
	•				,,
C F	urnishin	g of goods, services, or facilities?	<u>2c</u>	<u> </u>	X
d P	ayment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 9	<u>2d</u>	X	
e T	ransfer (of any part of its income or assets?	2e	ļ. <u></u> _	X
		ake grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
		mine that recipients qualify to receive payments)	3a	ļ	X
	-	ave a section 403(b) annuity plan for your employees?	3b		X
		e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	 -	X
	-	naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4.		v
		rovide credit counseling, debt management, credit repair, or debt negotiation services?	4 <u>a</u> 4b	<u> </u>	X
			<u> </u>	[
FCAL		Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
The o	rganızatı	on 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)		
	(EF)	(Also complete the Support Schedule in Part IV-A)			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
446		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	<u> </u>	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	LJ	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 de	scribed in		
		(1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that des			
		the type of supporting organization Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations (See page 6 of the instructions)			
		(a) Name(s) of supported organization(s)		ne num	
	 -	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 	om abo	ove
					
			<u> </u>		
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)	<u> </u>		
523111 02-03-0) 06	Schedule A (Fo	rm 990 or	990-EZ	2) 200

Pa	rt IV-A Support Schedul	e (Complete only if you che the worksheet in the insi	ecked a box on line 10	, 11, or 12.) Use cash	method of accounting	g. Sunting
_	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1 5	Gifts, grants, and contributions received (Do not include unusu	ادا				
	grants See line 28)	973,257.	1,364,234.	1,716,800.	1,583,935.	5,638,226.
16	Membership fees received					
17	Gross receipts from admissions merchandise sold or services	5 ,				
	performed, or furnishing of					
	facilities in any activity that is related to the organization's					
	charitable, etc., purpose	284,502.	68,127.	57,245.	336,165.	746,039.
18	Gross income from interest,					
	dividends, amounts received from payments on securities loans (s					
	tion 512(a)(5)), rents, royalties,	and				
	unrelated business taxable inco (less section 511 taxes) from					
	businesses acquired by the organization after June 30, 1975	7,161.	9,390.	17,872.	20,947.	55,370.
19	Net income from unrelated busi			1,,0,2,0		33,01
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either	7				
	paid to it or expended on its bel		<u> </u>			
21	The value of services or facilities furnished to the organization by					
	furnished to the organization by governmental unit without char-					
	Do not include the value of serv	•				
	or facilities generally furnished the public without charge	LO				
22	Other income Attach a schedul	e		SEE STATEME	NT 10	
	Do not include gain or (loss) from sale of capital assets					7,080.
23	Total of lines 15 through 22	1,272,000.	_ 	1,791,917.		
24 25	Line 23 minus line 17 Enter 1% of line 23	987,498. 12,720.		<u> </u>	1,604,882.	5,700,676.
26	Organizations described on lin		<u> </u>		<u>1 </u>	114,014.
	Prepare a list for your records t					
	unit or publicly supported organ		<u>-</u>		L .	
	Do not file this list with your re	eturn. Enter the total of all the	se excess amounts		▶ 26b	1,879,607.
C	Total support for section 509(a)(1) test. Enter line 24, colum	<u> </u>		▶ 26c	5,700,676.
d	Add Amounts from column (e)		$\frac{55,370}{7,090}$	1,879,60	7	1,942,057.
•	Public support (line 26c minus	line 26d total\	7,080. 26b	1,079,00	<u>/•</u> ≥ 26d ≥ 26e	3,758,619.
f	Public support percentage (lin		v line 26c (denominator)	}	26f	65.9329%
	Organizations described on lin	· · · · · · · · · · · · · · · · · · ·	<u></u>			<u> </u>
	records to show the name of, a					
	such amounts for each year	N/A				
	(2004)	(2003)	•	2002)	(2001)	
þ	For any amount included in line		·		•	
	and amount received for each y described in lines 5 through 11				•	_
	the larger amount described in	· ·	•	•	/ -	amount received and
	(2004)	(2003)	•	2002)	(2001)	
C	Add Amounts from column (e)	for lines 15 _	<u> </u>			1
_	17			21		N/A
	Add Line 27a total Public support (line 27c total m		nd line 27b total		27d	N/A N/A
e f	Public support (line 27c total m Total support for section 509(a	•	e 23. column (e)	▶ 27f	N/A 27e	[N / Z]
0	Public support percentage			<u> </u>	<u>277</u> ▶ 27g	N/A %
h	Investment income percei		-		_ 	N/A %
	Unusual Grants: For an organi	zation described in line 10, 11	, or 12 that received any i	unusual grants during 20	01 through 2004, prepare	
	show, for each year, the name of return. Do not include these gran	ts in line 15	amount of the grant, and a	unei aescription of the f	iature of the grant. Do no	t tile this list with your

NONE

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Schedule A (Form 990 or 990-EZ) 2005

Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement

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

b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2005

34a

34b

35

160	k a if the organization below	ngs to an affiliated group Check b	If you che	cked "a" and "limited contr	ol" provisions apply
		n Lobbying Expenditures Itures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for AL electing organizations
	(The term expend	intures ineans amounts paid of incurred /	<u> </u>	N/A	
5	Total lobbying expenditures to influence	e public opinion (grassroots lobbying)	36		
	Total lobbying expenditures to influence		37		
	Total lobbying expenditures (add lines		38		
9	Other exempt purpose expenditures		39		
)	Total exempt purpose expenditures (ad	d lines 38 and 39)	40		
1	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	١		
(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	41		
(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	ノ		
2	Grassroots nontaxable amount (enter 2	25% of line 41)	42		
3	Subtract line 42 from line 36 Enter -0-	ıf line 42 is more than line 36	43		
4	Subtract line 41 from line 38 Enter -0-	ıf line 41 is more than line 38	44		

4-Year Averaging Period Under Section Sul(n)

(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 Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
Grassroots lobbying expenditures					0

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 instructions)

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
- Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- 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
- 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
	X	
	X	
	X	
	Х	
	X	
	X	
	X	
	X	
,		0

523141 02-03-06

Schedule A (Form 990 or 990-EZ) 2005

Part				d Relationships With Nonch	aritable
		zations (See page 12 of the I			
				er organization described in section	
		section 501(c)(3) organizations)	· ·	olitical organizations?	
		ganization to a noncharitable exe	mpt organization of		Yes No
	(i) Cash				213(1) X
_	II) Other assets				a(ii) X
	ther transactions		_		
	•	ets with a noncharitable exempt o			
		a noncharitable exempt organizat	เดก		b(ii) X
	ii) Rental of facilities, equipme				b(iii) X
-	v) Reimbursement arrangeme	ents		•	D(IV)
·	v) Loans or loan guarantees				D(V) A
		r membership or fundraising solid			b(vi) X
		, mailing lists, other assets, or pa			C X
				always show the fair market value of the	
		• • • • • • • • • • • • • • • • • • • •	•	ed less than fair market value in any	NT / 70
		nent, show in column (d) the value	te of the goods, other assets,		N/A
(a) Line no	(b) Amount involved	Name of noncharitable	e exempt organization	Description of transfers, transactions,	and sharing arrangements
				Doscription of transiers, transactions,	
	<u></u>	<u> </u>			
		 		 -	· · · · · · · · · · · · · · · · · · ·
	 	 			
		 			
	<u> </u>	 			
 -	 		<u> </u>		<u> </u>
	· · · · · · · · · · · · · · · · · · ·				
	 	 		- 	
··-				· · · · · · · · · · · · · · · · · · ·	
	 	 	· · · · · · · · · · · · · · · · · · ·	_	
		<u></u>	·		<u>-</u>
	<u> </u>	 			
	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	<u> </u>	 		<u> </u>	· · · · · · · · · · · · · · · · ·
	 	-	 		
	<u> </u>	 			· · - · ·
С	ode (other than section 501(c) "Yes," complete the following)(3)) or in section 527? schedule N/.	A	ganizations described in section 501(c) of	the Yes X No
	Name of or	,	(b) Type of organization	(c) Description of relati	onship
 .		····			
			· - · - · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·			
	<u> </u>				
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				<u> </u>	
			·- - · · · ·		
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	<u> </u>	<u> </u>			<u> </u>
	<u> </u>				<u> </u>
523151		<u> </u>			
523151 02-03-06				Schedule A	(Form 990 or 990-EZ) 2005

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Asset	Description	Date Acquired Metho	od Life	Sch	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	SEA C	093002SL	5.00	16	11,152.			11,152.	5,575.		2,230.
~	STATION	083102ST	<u>00</u>	97	1,176.			1,176,	588		235.
	WOOD STOVE	101802SL	10.0	016	1,339.			1,339.	335.		134.
₹*	त १ २ न ह्य	123102SL	20.0	016	23,034,			23,034,	2,880.		1.152
9	APPRISE SOFTWARE	070198SL	5.00	16	3,000.			3,000.	3,000.		•
····	WEURNITURE & FIXTURE	0 1 0 1 9 0 ST	00 ÷ S	76	1,735,			1,735.	1,735.		
<u> </u>	SCOMPUTER WIRING	0402012001)B5.00	16	8,437.			8,437.	7,313.		337
Φ	COMPUTER CABLE	043001200E)B5.00	16	4,690,			4,690,	4,065.		208
10	COMPUTER SERVER	05 14 01 200I)B5.00	16	1,210.			1,210.	1,049.		54.
,{	MODEMS, CABLES	0514012000)B2 . 00	7.6	438			439	381.		19.
12	WORKSTATIONS	05 14 01 200I	DB5.00	16	17,138.			17,138.	14,855.		761.
£. 1.3	WIRUS SOFTWARE	051401200D)B2 + 0 0	16	1,672.			1,672,	1,449.		74.
14	PRINTERS	05 14 01 200D)B5.00	16	2,781.			2,781.	2,411.		123.
	COMPUTER	0521012000	BE . 00	97	**** **** ****			814	705.	······································	40.
16	<u> </u>	052201200E)B5.00	16	1,120.			1,120.	971.		55.
17	WORK PLAN ROUTER	0620012000)B2 + 00	7.6	431,			431	374.	· · · · · · · · · · · · · · · · · · ·	23
18	COPY MACHINE	02 12 01 200I	B5.00	16	1,098.			1,098.	976		28.
1.9	COMPUTER	120500200D	B5.00	3.6	2,081.			2,081,	1,893.		3. ± €.

528102 01-06-06

Asset disposed <u>-</u>(0)

* ITC, Section 179, Salvage, Bon

AMORTIZATION REPORT FORM 2005 DEPRECIATION AND

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Amount Of epreciation	31.	12.	*		•		•	3,500,	3,300.	5,370.	7,969.	T T	•	353	288.	250	177.	0
Current Sec 179 D									•			·····				-!! :	<u> </u>	
Accumulated Depreciation	965.	728.	3,205.					84,000.	99	102,028.	41,173.	1,500.	1,649.	\$ 23°	6,624.	4,250.	3,006.	4,500.
Basis For Depreciation	1,098.	800.	3,440.	35,000.	11,000.	17,900,	190,000.	105,000.	99,000.	161, 100.	239,063.	1,500.	1,649.	10,662,	8,641.	7,500.	5,300.	4,500,
Reduction In Basis												******						
Bus % Excl		•		•						•			•					
Unadjusted Cost Or Basis	1,098.	800*	3,440.	35,000.	11,000.	17,900.	190,000.	105,000.	99,000.	161,100.	239,063.	1,500,	1,649.	10,662.	8,641.	7,500.	5,300.	4.500.
Line	16	16	16	97	16	16	16	7.6	16	76	16	7.6	16	9.	16	16	16	1.6
Lıfe	5.00	5.00	5.00	000	000.	000	000.	30.00	30.00	30.00	30.00	5.00	5.00	30.00	30.00	36.00	30.00	10.00
Method	1200DB	0200DB	0200DB	<u> </u>	5SI.	65T.	OSI.	5.5.T.	5SI.	631.	OSI.	SI.	9SI.	SI	2 <u>S</u> I	<u>S</u>	SI.	5SI
Date	02120	11210	081100	0.70	10018	06018	0 2 1 0 0	07018	10018	06018	05100	03210	0 7 1 4 9	12018	0 7 0 1 8.	0.7018	0 7 0 1 8 8	04019
Description	COPY MACHINE	STOVES- WASHINGTON	DELL COMPUTER	JEAND 302 ESSEX AVENUE	LAND 99 WASHINGTON	LAND 11 CHESTWUT ST	LAN	AVENUE 302	BUIDI	BULDLING STREET	EMERSON AVE	VOLCE	COMPUTERS ESSEX	1981 1981	LOFT 1982	CARPORT	COMPLETE ANNEX	BATH RENOVATIONS
Asset	20	2.1	22	23	24	25	26	27	28	53	30	+{ (**);	32	(A)	34	35	36	3.7

528102 01-06-06

Asset disposed

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* ITC, Section 179, Salvage, Bor

AMORTIZATION REPORT FORM 2005 DEPRECIATION AND

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38 Participation Partici		•		•	***	•	1 177	•	*	•		•		•	*********	•	+	• 77	•
Paccypton Pacc		_		_	\circ			9	₩.	0,39	9		\\ \	0	₹	6	~	\mathcal{C}	₩
Bellilis New Bathroom Durk Method Life New Cast Chieses Bels Bels	ren 17																		-
SELLIS NEW BATHROOM 090195SL 10.0016 3,980. 3,980	Accumulated Depreciation	, 78	بر بربا بربا	, 46	13. CE	6	1	4	(4)	9,14	80	, 17	9	7	0	8,91	₩ Øÿ	661.	1
BELLIS NEW BATHROOM 090195SL 10.0016 3,980. 10.0016 3,980. 10.0018 10.0016 3,300. 10.0018 10.0016 3,300. 10.0018 10.0016 3,300. 10.0018 10.0016 3,000. 10.0018 10.0016 3,000. 10.0018 10.0016 3,000. 10.0018 10.0016 3,000. 10.0018 10.0016 3,000. 10.0018 1	Basis For Depreciation	86,	,30	09,	00	, 50	500	00	44	11,83	8 4	, 17	Φ,	7	4	9,70	5	, 35	33
BELLIS NEW BATHROOM 090195SL 10.0016 3,980.	ducti Bas																		
BELLIS NEW BATHROOM 090195SL 10.0016 3,98	EX EX		• •							•									
BELLIS NEW BATHROOM 0901955L 10.001	Jnadju ost Or	861	300	09,	00 *	, 50	493	00	44	, 83	* 84	, 17	9	•	7	7 6	25	, 35	**
BELLIS NEW BATHROOM 090195SL 10.00	S S	<u> </u>	16	<u> </u>	<u> </u>	<u> </u>	<u> </u>		16	<u> </u>	<u> </u>	16	7.6		97	16	₹,		91
BELLIS NEW BATHROOM 0901955L	Life	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Ö	0.0	0.0	5.00	00°5		10.0t	0	0.0	0	30.00
BELLIS NEW BATHROOM 09019	 -	SI	*****	S		ာ		<u> </u>		<u> </u>	SI			<u>ග</u>		<u> </u>		SI	
BELLIS NEW BATHROOM OELLIS NEW BATHROOM OELLIS RENOVATION ESSEX BLDG ZIMPROVEMENTS ESSEX BLDG AIMPROVEMENTS BS ESSEX BLDG AIMPROVEMENTS BS ESSEX BLDG AIMPROVEMENTS BS ESSEX BLDG AIMPROVEMENTS BUILIS COMPANY OFFICE BFURNITURE/CHAIRS BUILING IMP. ZWASHINGTON BUILDING IMP. ZWASHINGTON BUILDING IMP. ZWASHINGTON BUILDING IMP. ZWASHINGTON BUILDING IMP.	Date Acquired	9019	90 E	2019	30 110	8019	92	0269	9	7019	4019	3019	72 19	2019	<u>60 10</u>	0018	20 II	2019	5120
	Description	ELLIS NEW	SNEW	IS	NE TO	ESSEA DLDG IMPROVEMENTS	TMPROVEMENTS	IMPROVEMENTS	COM	ATION			ED CE	TER TOWN	ING	SHINGT	NARDONE	0	ING - WASHINGTO
	Asset	∞	(Y)	0	F4	, 4	974	4	12	9		8	Q)		}***{	7		4	5.5

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	Date Acquired Method	od Life	- Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of 'Depreciation
AT SH	101200SL	10.00	16	6,575.			6,575.	3,125.		658.
MASHINGTON	112000SL	10.00	16	8,150.			8,150,	3,735.		815.
DOWS &	031301SL	10.00	16	6,982.			6,982.	2,967.		.869
VULLUING IMF	100187ST	30.00	91	94,000.			94,000.	56,398.		3,133,
ACTION INC.	120187SL	30.00	16	8,645.			8,645.	5,186.		288.
UILDING IMP. CHES!	TIME TO THE SET	30.00	97	800			800*	469.		27,
BOILER - CHESTNUT	082400SL	10.00	16	4,583.			4,583.	2,214.		458.
ROOF - CHESTNUT	0.0000	30.00	<u>7</u>	4,300.			4,300.	691.		¥ 43,
HEATING BASEBOARD	12050SL	10.00	16	3,374.			3,374.	1,545.		337.
BUILDING IMP - EMERS	RSCNO81500SI	30.00	16	1,730.			1,730.	285.		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
BUILDING IMP - EMERS	RSON051601SL	30.00	16	1,898.			1,898.	257.		63.
ESSEX ESSEX	080 199KL	00	<u> </u>	1,914,			1,914,	1,914.		
SERVER	01190451	2.00	16	9,429.			9,429.	2,672.		1,886.
FENCE	04070451	30.00	76	2,027,			2,027	\$ 22		68.
OMPUTER	01280451	2.00	16	3,085.			3,085.	874.		617.
SERVER SOFTWARE	020204SI	0 O •	Ţ6	1,578.			1,578,	448		316.
OMPUTERS	020304SL	2.00	16	11,336.			11,336.	3,212.		2,267.
COMPUTER	02120451	5.00	16	1,108,			1,108,	314.	Ī	222

Asset disposed

Commercial Revitalization Deduction, * ITC, Section 179, Salvage, Bon

AMORTIZATION REPORT FORM 2005 DEPRECIATION AND

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Asset	Description	Date	Method	Lıfe	Solution	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
9 /	A/C	040704	\mathbf{SL}	30.00	16	5,507.			5,507.	230.		184.
	PAINTING	121503	SI	10.00	16	13,451.			13,451,	2,130.		1,345
78	DRIVEWAY REPAIRS	060104	SI	10.00	16	4,400.	***		4,400.	477.		440.
7.9	NI.	040504	SI	10.00	1.6	1,164.			1 + 164.	145.		116,
8	ADJUSTMENT	······································		000	16					30.		0
8	PAINTING-EXTERIOR	083004	SIL	100.00	16	10,850.			10,850.	904.		1,085,
82	GUTTERS AND DRAINPIPES	093004	\mathbf{SL}	20.00	16	3,600.			3,600.	135.		180.
83	REMODELING	093004	SI	20.00	97	1,169,			1 1 E 9 .	4.4.		58.
84	PAINTING - 11 CHESTNUT	113004	SI	10.00		2,850.	54		2,850.	166.		285.
85	REMODELING - EMERSON	093004	SIL	20.00	 97	4,096,			4,096.	154.		205.
98	PARKING LOT - EMERSON	093004	SL	20.00	16	1,509.	<u>-</u> -		1,509.	57.		75.
87	7FRENCH DRAIN - EMERSON	103104	SIL	30.00		2,600.			2,600,	(C)		* £ 8
88	COMPUTE	0 6 3 0 0 5	SL	5.00	 91	802.			802.			160.
φ; φ;	SOFTWARE	071805	SIL	00.5	1.6	6,000,			6,000.			1 t 100 t
06	DELL	081005	SL	5.00	16	4,235.			4,235.			776.
###{ C **	SOFTWARE	021606	SIL	00,5	91	1,060,			1,060,			* # *
92	COSTELLO CONSTRUCTION	0 5 0 9 0 6	SL	10.00	16	2,526.			2,526.			42.
	EPR					1679148.		•	1679148.	667,927.	\$	61,071.

528102 01-06-06

(D) - Asset disposed

Commercial Revitalization * ITC, Section 179, Salvage, Bon

FORM 990	SPECIAL EVE	NTS AND ACTIV	VITIES		STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIREC' EXPENS:		E
ANNUAL SIGRID OLSEN GOLF CLASSIC THE LEADERSHIP FALL EVENT WOMEN HONORING WOMEN	28,533. 6,920.		28,533. 6,920.	9,14	•	
LUNCHEON FATHER'S DAY ROAD RACE OTHER EVENTS	63,388. 19,876. 33,859.		63,388. 19,876. 33,859.	4,16	0. 15,7	16.
TO FM 990, PART I, LINE 9	152,576.		152,576.	59,94	0. 92,6	36.
FORM 990 OTHER CHAI	NGES IN NET	ASSETS OR FU	JND BALANC	ES	STATEMENT	2
DESCRIPTION					AMOUNT	
UNREALIZED INVESTMENT GAIN	NS				27,1	92.
TOTAL TO FORM 990, PART I	LINE 20				27,1	92.
FORM 990	OTH	ER EXPENSES			STATEMENT	3
	(A)	(B)	(C)		(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEI AND GEI	MENT NERAL	FUNDRAISI	
ADVERTISING	10 400	^ ^ -				NG
CHILD CARE	12,430. 2,444.	9,217 2,444		418.	2,7	
CONTRACTUAL SERVICES FOOD	2,444. 116,992. 16,935.	2,444 44,652 16,240	 4. 2. 3. 	418. 7,088. 163.	45,2	95.
CONTRACTUAL SERVICES FOOD HOUSEHOLD SUPPLIES INSURANCE	2,444. 116,992. 16,935. 4,034. 30,336.	2,444 44,652 16,240 4,034 28,438	4. 2. 2. 3. 4.	7,088. 163.	45,2 5	95. 52. 93.
CONTRACTUAL SERVICES FOOD HOUSEHOLD SUPPLIES INSURANCE NETWORK EXPENSE OFFICE EXPENSE PARTICIPANT EXPENSE	2,444. 116,992. 16,935. 4,034.	2,444 44,652 16,240 4,034 28,438	4. 2. 2. 3. 5.	7,088. 163.	45,2 5 4 1,2 5,2	95. 52. 93. 40.
CONTRACTUAL SERVICES FOOD HOUSEHOLD SUPPLIES INSURANCE NETWORK EXPENSE OFFICE EXPENSE PARTICIPANT EXPENSE REPAIR AND MAINTENANCE	2,444. 116,992. 16,935. 4,034. 30,336. 9,685. 20,141.	2,444 44,652 16,240 4,034 28,438 6,675 13,355	4. 2. 2. 3. 4. 5. 5.	7,088. 163. 1,405. 1,770.	45,2 5 4 1,2 5,2	95. 52. 93. 40.
CHILD CARE CONTRACTUAL SERVICES FOOD HOUSEHOLD SUPPLIES INSURANCE NETWORK EXPENSE OFFICE EXPENSE PARTICIPANT EXPENSE REPAIR AND MAINTENANCE SCHOLARSHIP/CLIENT ASSISTANCE STAFF TRAINING SUBSCRIPTION/PROGRAM	2,444. 116,992. 16,935. 4,034. 30,336. 9,685. 20,141. 1,892.	2,444 44,652 16,240 4,034 28,438 6,675 13,355 1,842	4. 2. 2. 3. 4. 5. 5. 2.	7,088. 163. 1,405. 1,770.	45,2 5 4 1,2 5,2	95. 52. 93. 85. 59.

WELLSPRING HOUSE, INC.				04-2735048
BANK CHARGES MISCELLANEOUS AMORTIZATION	2,428. 10,543. 1,005.	6,878. 945.	2,428. 2,135. 46.	1,530. 14.
TOTAL TO FM 990, LN 43	292,039.	189,582.	40,216.	62,241.

FORM 990 OFFICER COMPENSATION ALLOCATION PART II, LINE 25				STATEMENT	
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLAN		TOTALS	
NANCY SCHWOYER, EXECUTIVE DIRECTOR	76,666.	4,508		81,1	74.
A. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL	76,666.	4,508	•	81,1	74.
C. FUNDRAISING					
TOTAL PROGRAM SERVICES					
TOTAL MANAGEMENT AND GENERA	1 L			81,1	74.
TOTAL FUNDRAISING					
TOTAL L'ONDIVATOTIO					
	ISATION INCLUDE	D ON PARTS	V-A AND V-B	81,1	74.
TOTAL OFFICER, ETC., COMPEN	ISATION INCLUDE		V-A AND V-B	STATEMENT	74.
TOTAL OFFICER, ETC., COMPEN		TMENTS	V-A AND V-B LUATION METHOD		74.
TOTAL OFFICER, ETC., COMPENTATION DESCRIPTION		TMENTS VA	LUATION	STATEMENT	5
TOTAL OFFICER, ETC., COMPENTED FORM 990 DESCRIPTION INVESTMENTS	OTHER INVES	TMENTS VA	LUATION METHOD	STATEMENT	81.
TOTAL OFFICER, ETC., COMPENTATION DESCRIPTION INVESTMENTS TOTAL TO FORM 990, PART IV,	OTHER INVES	TMENTS VA MA MA	LUATION METHOD RKET VALUE	STATEMENT AMOUNT 584,1	81.
TOTAL OFFICER, ETC., COMPENTED FORM 990 DESCRIPTION INVESTMENTS TOTAL TO FORM 990, PART IV, FORM 990 DEPRECIATION	OTHER INVES	TMENTS VA MA MA HELD FOR I	LUATION METHOD RKET VALUE	STATEMENT AMOUNT 584,1	81.
TOTAL OFFICER, ETC., COMPENTATION DESCRIPTION INVESTMENTS TOTAL TO FORM 990, PART IV,	OTHER INVESTIGATION OF ASSETS NOT	TMENTS VA MA MA HELD FOR I	LUATION METHOD RKET VALUE NVESTMENT CCUMULATED	STATEMENT 584,1 584,1 STATEMENT BOOK VALUE 3,3 3	81. E

WELLSPRING HOUSE, INC.			04-2735048
APPRISE SOFTWARE	3,000.	3,000.	0.
FURNITURE & FIXTURE	1,735.	1,735.	Õ.
COMPUTER WIRING	8,437.	7,650.	787.
COMPUTER CABLE	4,690.	4,273.	417.
COMPUTER SERVER	1,210.	1,103.	107.
MODEMS, CABLES	439.	400.	39.
WORKSTATIONS	17,138.	15,616.	1,522.
VIRUS SOFTWARE	1,672.	1,523.	149.
PRINTERS	2,781.	2,534.	247.
COMPUTER	814.	745.	69.
WORKSTATION INSTALLATION	1,120.	1,026.	94.
WORK PLAN ROUTER	431.	397.	34.
COMPLIED	1,098.	1,004.	94.
CODY MACHINE	2,081.	1,924.	157.
COPY MACHINE	1,098.	996.	102.
STOVES- WASHINGTON	2 440	740.	60.
DELL COMPUTER LAND 302 ESSEX AVENUE	3,440.	3,213.	227.
LAND 99 WASHINGTON	35,000. 11,000	0.	35,000.
LAND 11 CHESTNUT ST	11,000.	0.	11,000.
LAND EMERSON AVENUE	17,900. 190,000.	0.	17,900.
BUILDING 302 ESSEX AVENUE	190,000.	0. 87,500.	190,000. 17,500.
BUIDLING 99 WASHINGTON	99,000.	69,300.	29,700.
BUIDLING 11 CHESTNUT STREET	161,100.	107,300.	53,702.
EMERSON AVENUE	239,063.	49,142.	189,921.
VOICE MAIL SYSTEM - ESSEX	1,500.	1,500.	0.
COMPUTERS ESSEX	1,649.	1,649.	0.
LOFT 1981	10,662.	8,888.	1,774.
LOFT 1982	8,641.	6,912.	1,729.
CARPORT	7,500.	4,500.	3,000.
COMPLETE ANNEX	5,300.	3,183.	2,117.
BATH RENOVATIONS	4,500.	4,500.	0.
ELLIS NEW BATHROOM	3,980.	3,847.	133.
UNIS NEW BATHROOM	3,300.	3,190.	110.
ELLIS RENOVATION	7,609.	7,229.	380.
NARDONE CONSTRUCTION	3,000.	2,850.	150.
ESSEX BLDG IMPROVEMENTS	2,500.	574.	1,926.
ESSEX BLDG IMPROVEMENTS	1,935.	438.	1,497.
ESSEX BLDG IMPROVEMENTS	5,000.	1,113.	3,887.
BATHROOM - ESSEX	4,448.	987.	3,461.
EDUCATION CENTER	311,836.	119,541.	192,295.
ELLIS COMPANY OFFICE FURNITHING (CHAIDS	8,843.	3,097.	5,746.
OFFICE FURNITURE/CHAIRS ED CENTER	3,178.	3,178.	0.
COMPUTER TOWN PRINTER	299. 277.	299. 277	0.
FLOORING WASHINGTON	1,477.	277. 752.	0. 725.
BUIDING IMP. WASHINGTON	89,700.	61,906.	27,794.
NARDONE	2,250.	2,138.	112.
NARDONE	2,250.	2,130.	117.
FLOORING - WASHINGTON	3,333.	685.	2,648.
HEATING SYSTEM - WASHINGTON	6,575.	3,783.	2,792.
HEATING SYSTEM - WASHINGTON	8,150.	4,550.	3,600.
WINDOWS & DOORS	6,982.	3,665.	3,317.
	- ,		-,

WELLSPRING HOUSE, INC.			04-2735048
VUILDING IMP CHESTNUT	94,000.	59,531.	34,469.
ACTION INC.	8,645.	5,474.	3,171.
BUILDING IMP. CHESTNUT	800.	496.	304.
BOILER - CHESTNUT	4,583.	2,672.	1,911.
ROOF - CHESTNUT	4,300.	834.	3,466.
HEATING BASEBOARD	3,374.	1,882.	1,492.
BUILDING IMP - EMERSON	1,730.	343.	1,387.
BUILDING IMP - EMERSON	1,898.	320.	1,578.
ESSEX	1,914.	1,914.	0 -
SERVER	9,429.	4,558.	4,871.
FENCE	2,027.	153.	1,874.
COMPUTER	3,085.	1,491.	1,594.
SERVER SOFTWARE	1,578.	764.	814.
COMPUTERS	11,336.	5,479.	5,857.
COMPUTER	1,108.	536.	572.
A/C	5,507.	414.	5,093.
PAINTING	13,451.	3,475.	9,976.
DRIVEWAY REPAIRS	4,400.	917.	3,483.
WINDOW/SKYLIGHT & INSTALL	1,164.	261.	903.
ADJUSTMENT	0.	30.	<30.
PAINTING-EXTERIOR	10,850.	1,989.	8,861.
GUTTERS AND DRAINPIPES	3,600.	315.	3,285.
REMODELING	1,169.	102.	1,067.
PAINTING - 11 CHESTNUT	2,850.	451.	2,399.
REMODELING - EMERSON	4,096.	359.	3,737.
PARKING LOT - EMERSON	1,509.	132.	1,377.
FRENCH DRAIN - EMERSON	2,600.	145.	2,455.
COMPUTER	802.	160.	642.
SOCIAL SOLUTIONS - SOFTWARE	6,000.	1,100.	4,900.
DELL COMPUTER	4,235.	776.	3,459.
SEA CHANGE SYSTEMS - SOFTWARE	1,060.	71.	989.
COSTELLO CONSTRUCTION	2,526.	42.	2,484.
TOTAL TO FORM 990, PART IV, LN 57	1,679,148.	728,998.	950,150.
FORM 990	THER ASSETS		STATEMENT 7
DESCRIPTION			AMOUNT
LOAN ACQUISITION COST			7,903.
REAL ESTATE TAX ESCROW			5,150.
RESTRICTED CASH			35,170.
TOTAL TO FORM 990, PART IV, LINE 58	B, COLUMN B		48,223.

FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT OF EXEMPT PURPOSES
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	RENTAL INCOME PROVIDES FOR MAINTENANCE OF AFFORDABLE HOUSING IN THE COMMUNITY.
93B	SERVICES PROVIDED TO RELATED ORGANIZATIONS WITH THE SAME TAX EXEMPT PURPOSES.
103A	MISCELLANEOUS INCOME
103B	FEES IN CONNECTION WITH AN AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT PROJECT.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT PART III, LINE 2D

REFER TO 990, PAGE 5, PART V-A

THE PRESIDENT OF THE BOARD OF DIRECTORS PAID \$5,430 IN EVENT COSTS WHICH WERE SUBSEQUENTLY REIMBURSED BY THE ORGANIZATION.

SCHEDULE A	OTHER INCOME			PATEMENT	NT 10
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
OTHER INCOME	7,080.	0.	0.		0.
TOTAL TO SCHEDULE A, LINE 22	7,080.	0.	0.		0.

WELLSPRING HOUSE, INC. BOARD OF DIRECTORS July 1, 2005 - June 30, 2006

Leslee Shlopak, Chair Rockport, MA 01966

Nancy Schwoyer, Executive Director Gloucester, MA 01930

Myranda Somers, Treasurer (Resigned 11/5/06) Manchester, MA 01944

Annie Thomas, Clerk Gloucester, MA 01930

Jacquelyn A. Bell Gloucester, MA 01930

Winnie Bell Boston, MA 02115

Adrienne Berry-Burton Lynn, MA 01902

Susan Brengle (Effective 12/05/06) Ipswich, MA 01938

Patty Doggett Byfield, MA 01922

Anne Gifford Manchester, MA 01944

Rosemary Haughton Gloucester, MA 01930

Tess Hopper (Resigned)
Gloucester, MA 01930

M. Katherine Krister Somerville, MA 02143

Patricia J. Landgren Topsfiled, MA 01983

Jackie Littlefield Gloucester, MA 01930 Jodi Mathieu Gloucester, MA 01930

Joseph Mueller Rockport, MA 01966

Debby Nelson Rockport, MA 01966

Sinikka Nogelo (Resigned) Gloucester, MA 01930

Jane Porter Magnolia, MA 01930

Carol Provenzano Peabody, MA 01960

Bob Rogers
Prides Crossing, MA 01965

Dan Salera (Resigned) Ipswich, MA 01938

Jane Saltonstall (Resigned)
Manchester, MA 01944

Jane Shigley (Resigned)
South Weymouth, MA 02190

David Sidon Gloucester, MA 01930

Linda Sojda Gloucester, MA 01930

Mary Jane Veronese Magnolia, MA 01930

Dick Wilson Magnolia, MA 01930