



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 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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V - A (attach schedule) <input type="checkbox"/>	25a	82,291	18,104	64,187
b	Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b			
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	874,967	631,812	111,317
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	92,072	66,608	12,454
29	Payroll taxes	29	86,672	60,516	14,523
30	Professional fundraising fees	30			
31	Accounting fees	31	21,782		21,782
32	Legal fees	32			
33	Supplies	33	7,945	7,945	
34	Telephone	34	12,322	9,690	1,456
35	Postage and shipping	35	15,695	4,489	681
36	Occupancy	36	104,777	94,585	8,555
37	Equipment rental and maintenance	37	4,658	4,368	215
38	Printing and publications	38	32,008	1,763	1,465
39	Travel	39	4,173	3,869	255
40	Conferences, conventions, and meetings	40	6,288	6,288	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	61,640	57,794	2,847
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,731,611	1,144,387	303,148








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

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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.

What is the organization's primary exempt purpose?  to provide shelter and direct assistance to the community	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
<b>a</b> family shelter a shelter for homeless families open 24 hours a day, 7 days a week	
(Grants and allocations \$ ) If this amount includes foreign grants, check here  <input type="checkbox"/>	407,712
<b>b</b> affordable housing development of affordable housing	
(Grants and allocations \$ ) If this amount includes foreign grants, check here  <input type="checkbox"/>	193,505
<b>c</b> family support programs community education programs for parents under stress and their children	
(Grants and allocations \$ ) If this amount includes foreign grants, check here  <input type="checkbox"/>	144,335
<b>d</b> 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  <input type="checkbox"/>	398,835
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here  <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . 	1,144,387

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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		
Assets	45	Cash—non-interest-bearing . . . . .		171,707	45	110,641	
	46	Savings and temporary cash investments . . . . .			46		
	47a	Accounts receivable . . . . .	47a	34,903			
	b	Less allowance for doubtful accounts	47b		168,239	47c	34,903
	48a	Pledges receivable . . . . .	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable . . . . .		84,060	49	75,100	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			50b		
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use . . . . .			52		
	53	Prepaid expenses and deferred charges . . . . .		22,163	53	26,306	
	54a	Investments—publicly-traded securities . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
	55a	Investments—land, buildings, and equipment basis . . . . .	55a				
	b	Less accumulated depreciation (attach schedule) . . . . .	55b			55c	
	56	Investments—other (attach schedule) . . . . .		584,181	56	<input checked="" type="checkbox"/>	571,019
57a	Land, buildings, and equipment basis	57a	1,713,313				
b	Less accumulated depreciation (attach schedule) . . . . .	57b	755,171	950,150	57c	<input checked="" type="checkbox"/> 958,142	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		48,223	58	<input checked="" type="checkbox"/>	42,527	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		2,028,723	59		1,818,638	
Liabilities	60	Accounts payable and accrued expenses . . . . .		129,968	60	103,333	
	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) . . . . .		487,753	64b	494,627	
	65	Other liabilities (describe <input type="checkbox"/> _____ )		140,000	65		
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		757,721	66		597,960
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	67	Unrestricted . . . . .		1,237,645	67	1,091,110	
	68	Temporarily restricted . . . . .		33,357	68	129,568	
	69	Permanently restricted . . . . .			69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	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	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		1,271,002	73		1,220,678
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		2,028,723	74		1,818,638

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	2,072,959
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	45,806	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	114,629	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	2,043	
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	162,478
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	1,910,481
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	162,478
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	1,910,481

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	1,862,439
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	114,629	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	16,199	
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	130,828
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	1,731,611
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	1,731,611

[illegible]

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	25			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, 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) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy? . . . . .	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76			No
77	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			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	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			No
b	If "Yes," enter the name of the organization ► _____ _____and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . .	81a			
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	81b			No

Part VI

Other Information (continued)

Yes

No

82a

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

Yes

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

152,720

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed 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 on line 85f?

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?

85h

86

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

87

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

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0

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

No

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:

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed: MA,NY

b

Number of employees employed in the pay period that includes March 12, 2006 (See instructions): 38

90b

91a

The books are in care of: NANCY SCHWOYER EXECUTIVE DIRECTOR Telephone no: (978) 281-3558

302 essex avenue

Located at: gloucester, MA ZIP + 4: 01930

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form 990 (2006)

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <span>▶</span>		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year <span>▶</span>		92	

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

<b>Note:</b> Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 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					102,965
b	contracted services					85,650
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	9,751	
97	Net rental income or (loss) from real estate					
a	debt-financed property . . . . .					
b	non 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			18	48,861	
101	Net income or (loss) from special events . . . . .			01	16,238	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a other income					80
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . . . . .				74,850	188,695
105	Total (add line 104, columns (B), (D), and (E)) <span>▶</span>					263,545

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

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes *(See 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
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

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities *(See 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
	%			
	%			
	%			
	%			

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts *(See 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
<b>NOTE:</b> If "Yes" to (b), file Form 8870 <b>and</b> Form 4720 (see instructions).		



**Part XI**

**Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b>	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>




	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

<b>107</b>	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	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.		
	*****	2007-10-09	
	Signature of officer		
	NANCY SCHWOYER, PRESIDENT		
	Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature  Linda M Smith CPA	Date 2007-10-09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  LINDA M SMITH CPA PC  80 FLANDERS ROAD - SUITE 200  WESTBOROUGH, MA 01581			EIN 
				Phone no.  (508) 871-7178

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
WELLSPRING HOUSE INC

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), 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

OMB No 1545-0047

2006

Employer identification number

04-2735048

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 2 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 benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A

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		

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

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

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, include 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 amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1		No
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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year	▶0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶0		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶0		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	▶0		

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	1,006,220	973,257	1,364,234	1,716,800	5,060,511
16 Membership fees received					0
17 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	282,700	284,502	68,127	57,245	692,574
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,308	7,161	9,390	17,872	39,731
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	14,702	7,080			21,782
23 Total of lines 15 through 22	1,308,930	1,272,000	1,441,751	1,791,917	5,814,598
24 Line 23 minus line 17	1,026,230	987,498	1,373,624	1,734,672	5,122,024
25 Enter 1% of line 23	13,089	12,720	14,418	17,919	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	102,440
b 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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	1,517,406
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	5,122,024
d Add Amounts from column (e) for lines 18 39,731 19 0					
22 26 b 1,517,406				26d	1,578,919
e Public support (line 26c minus line 26d total)				26e	3,543,105
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	6917 39 %
27 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 (2005) (2004) (2003) (2002)					
b 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 11b, 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 (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 V 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)

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?		Yes	No
		29		
		30		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
		30		
		31		
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 )			
32	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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 )			
		32a		
		32b		
		32c		
		32d		
33	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
		33a		
		33b		
		33c		
		33d		
		33e		
		33f		
		33g		
		33h		
		34a	Does the organization receive any financial aid or assistance from a governmental agency?	
34a				
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			
		34b		
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			
		35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group

Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	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 13 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 13 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	Yes	No	Amount
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			

**Exempt Organizations** (See page 13 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |               |  |     |
|---------------|--|-----|
| <b>51a(i)</b> |  | N o |
| <b>a(ii)</b>  |  | N o |
| <b>b(i)</b>   |  | N o |
| <b>b(ii)</b>  |  | N o |
| <b>b(iii)</b> |  | N o |
| <b>b(iv)</b>  |  | N o |
| <b>b(v)</b>   |  | N o |
| <b>b(vi)</b>  |  | N o |
| <b>c</b>      |  | N o |

<b>c</b>		No
----------	--	----

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.

[illegible]

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]



**TY 2006 Depreciation and Depletion Schedule****Name:** WELLSPRING HOUSE INC**EIN:** 04-2735048

<b>Asset</b>	<b>Amount</b>
sea chane 6 computers	2,230
sea change - work station	235
wood stove	134
fire repairimprovement-less fire loss	1,152
building 302 essex avenue	3,500
buidling 99 washington	3,300
buidling 11 chestnut street	5,370
emerson avenue	7,969
loft 1981	355
loft 1982	288
carport	250
complete annex	177
ellis renovation	317
nardone construction	150
essex bldg improvements	83

Asset	Amount
essex bldg improvements	65
essex bldg improvements	167
bathroom - Essex	148
education center	10,395
ellis company	295
flooring washington	148
buiding imp washington	2,990
nardone	112
nardone	117
flooring - washington	111
heating system - washington	658
heating system - washington	815
windows & doors	698
vuilding imp - chestnut	3,133
action inc	288

Asset	Amount
building imp chestnut	27
boiler - chestnut	458
roof - chestnut	143
heating baseboard	337
building imp - emerson	58
building imp - emerson	63
Server	1,886
Fence	68
Computer	617
Server Software	316
Computers	2,267
Computer	222
AC	184
Painting	1,345
Driveway Repairs	440

Asset	Amount
WindowSkylight & Install	116
painting-exterior	1,085
Gutters and Drainpipes	180
remodeling	58
painting - 11 chestnut	285
remodeling - emerson	205
parking lot - emerson	75
french drain - emerson	87
computer	160
Social Solutions - Software	1,200
dell computer	847
Sea Change Systems - Software	212
costello Construction	253
302 essex rug	141
eastern copy fax - canon IR2800	266

Asset	Amount
Social Solutions - Software - DTA upload	360
Dell computers - 4 dell staff computers	630
Costello - side of 11 Chestnut	931
Costello - roof and gutters 28 Emerson	426
Costello - door 28 Emerson	42

**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** WELLSPRING HOUSE INC**EIN:** 04-2735048**Gross Sales Price:** 150,000**Basis:** 101,139**Sales Expenses:** 0**Total (net):** 48,861

TY 2006 Investments - Other Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

Description	Book Value	Cost/FMV
INVESTMENTS	571,019	F

TY 2006 Land etc. Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY AND EQUIPMENT	1,713,313	755,171	958,142



## TY 2006 Officer Compensation Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

**NANCY SCHWOYER**

	Compensation	EE Benefit Plans	Expense Acct
Program Services	17,035	1,069	
Mgmt & General	60,399	3,788	
Fundraising			

## TY 2006 Other Assets Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

Description	Beginning of Year Amount	End of Year Amount
LOAN ACQUISITION COST	7,903	6,758
restricted cash	35,170	35,769

**TY 2006 Other Changes in Net Assets Schedule****Name:** WELLSPRING HOUSE INC**EIN:** 04-2735048

Description	Amount
EXTRAORDINARY ITEM - CAPE ANN HOUSING OPPORTUNITY INC	-275,000
unrealized gain on sale of securities	45,806

TY 2006 Other Expenses Included Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

Description	Amount
rockport lodge	16,199

**TY 2006 Special Events Schedule****Name:** WELLSPRING HOUSE INC**EIN:** 04-2735048

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
UNDER ONE ROOF	668,755	572,505	96,250	91,854	4,396
Women HOnoring Women LUncheon	94,935	66,910	28,025	12,593	15,432
Father's Day Road Race	19,510	12,394	7,116	3,174	3,942
other events	12,039	0	12,039	6,350	5,689
SYMPOSIUM	27,750	25,000	2,750	15,971	-13,221

TY 2006 Other Income Schedule

**Name:** WELLSPRING HOUSE INC

**EIN:** 04-2735048

Description	2003	2002	2001	2000	Total
other Income	14,702	7,080			21,782

Additional Data

Software ID:  
Software Version:  
EIN: 04-2735048  
Name: WELLSPRING HOUSE INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> ADvertising	<b>43a</b>	12,802	10,450	1,157	1,195
<b>b</b> child care	<b>43b</b>	2,646	2,646		
<b>c</b> contractual services	<b>43c</b>	141,479	22,747	47,663	71,069
<b>d</b> food	<b>43d</b>	20,617	20,326	291	
<b>e</b> Household supplies	<b>43e</b>	4,090	4,090		
<b>f</b> insurance	<b>43f</b>	33,465	29,280	3,677	508
<b>g</b> network expense	<b>43g</b>	13,780	10,339	1,904	1,537
<b>h</b> office expense	<b>43h</b>	19,586	11,415	1,041	7,130
<b>i</b> participants expenses	<b>43i</b>	4,879	4,829		50
<b>j</b> repairs and maintenance	<b>43j</b>	42,464	39,814	1,961	689
<b>k</b> scholarshipclient assistance	<b>43k</b>	14,480	14,200		280
<b>l</b> staff training	<b>43l</b>	1,842	1,377	200	265
<b>m</b> subscriptionprogram material	<b>43m</b>	2,684	1,295	49	1,340
<b>n</b> bank charges	<b>43n</b>	4,774		4,774	
<b>o</b> miscellaneous	<b>43o</b>	3,587	2,674	641	272
<b>p</b> amortization	<b>43p</b>	1,146	1,074	53	19

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
NANCY SCHWOYER 302 ESSEX AVENUE GLOUCESTER, MA 01930	president & executive director 40 00	77,434	4,857	0
LESLEE SHLOPAK 183 SOUTH STREET ROCKPORT, MA 01966	CHAIR 3 00	0	0	0
DAVID SIDON 1016 WASHINGTON STREET GLOUCESTER, MA 01930	TREASURER 3 00	0	0	0
ANNIE THOMAS 65 SUMNER STREET GLOUCESTER, MA 01930	CLERK 3 00	0	0	0
CAROLINE HOVEY 65 EAST INDIA ROW APT 2F BOSTON, MA 02110	BOARD MEMBER 3 00	0	0	0
JANE PORTER 10 PORTER ROAD MAGNOLIA, MA 01930	BOARD MEMBER 3 00	0	0	0
JACQUELYN A BELL 3 BANNER HILL WAY GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
M KATHERINE KRISTER 6 GIBBENS STREET SOMERVILLE, MA 02143	BOARD MEMBER 3 00	0	0	0
CAROL PROVENZANO 46 LYNNFIELD STREET PEABODY, MA 01960	BOARD MEMBER 3 00	0	0	0
WINNIE BELL 46 WESTLAND ROAD APT 36 BOSTON, MA 02115	BOARD MEMBER 3 00	0	0	0



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
PATRICIA J LANDGREN 218 BOSTON STREET SUITE 206 TOPSFIELD,MA 01983	BOARD MEMBER 3 00	0	0	0
BOB ROGERS PO BOX 138 PRIDES CROSSING,MA 01965	BOARD MEMBER 3 00	0	0	0
ADRIENNE BERRY-BURTON 39 WEBSTER STREET LYNN,MA 01902	BOARD MEMBER 3 00	0	0	0
CHRISTINE LUNDBERG 22 RAVEN LANE GLOUCESTER,MA 01930	BOARD MEMBER 3 00	0	0	0
SUSAN BRENGLE 7 COGSWELL STREET IPSWICH,MA 01938	BOARD MEMBER 3 00	0	0	0
JACKIE LITTLEFIELD 15 NORWOOD HEIGHTS GLOUCESTER,MA 01930	BOARD MEMBER 3 00	0	0	0
BETSY BROWN 6 OLD NECK ROAD MANCHESTER,MA 01944	BOARD MEMBER 3 00	0	0	0
JOSEPH MUELLER 47 MARMION WAY ROCKPORT,MA 01966	BOARD MEMBER 3 00	0	0	0
PATTY DOGGETT ONE ELM STREET BYFIELD,MA 01922	BOARD MEMBER 3 00	0	0	0
ANNE GIFFORD 107 SUMMER STREET MANCHESTER,MA 01944	BOARD MEMBER 3 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KAREN MURRAY 53 WHEELER STREET GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
MARY JANE VERONESE 5 BLOSSOM LANE MAGNOLIA, MA 01930	BOARD MEMBER 3 00	0	0	0
ROSEMARY HAUGHTON 302 ESSEX AVENUE GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
DEBBIE NELSON 73 PENZANCE ROAD ROCKPORT, MA 01966	BOARD MEMBER 3 00	0	0	0
DICK WILSON 12 VILLAGE ROAD MAGNOLIA, MA 01930	BOARD MEMBER 3 00	0	0	0