

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WELLSPRING HOUSE INC

Number and street (or P O box if mail is not delivered to street address)Room/suite
302 ESSEX AVENUE

City or town, state or country, and ZIP + 4
GLOUCESTER, MA 01930

D Employer identification number
04-2735048

E Telephone number
(978) 281-3558

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify)

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

G Web site: www.wellspringhouse.org

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

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 1,538,735

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)									
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Contributions to donor advised funds				1a			
	b	Direct public support (not included on line 1a)				1b	940,688		
	c	Indirect public support (not included on line 1a)				1c			
	d	Government contributions (grants) (not included on line 1a)				1d	243,683		
	e	Total (add lines 1a through 1d) (cash \$ 1,184,371 noncash \$)							1e 1,184,371
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .							2 206,591
	3	Membership dues and assessments							3
	4	Interest on savings and temporary cash investments							4
	5	Dividends and interest from securities							5 17,962
	6a	Gross rents				6a			
	b	Less rental expenses				6b			
	c	Net rental income or (loss) subtract line 6b from line 6a							6c
	7	Other investment income (describe)							7
	8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other			
Expenses	b	Less cost or other basis and sales expenses			35,362	8a			
	c	Gain or (loss) (attach schedule)			36,792	8b			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			-1,430	8c			
	8d								-1,430
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>							
	a	Gross revenue (not including \$ of contributions reported on line 1b)				9a	94,418		
	b	Less direct expenses other than fundraising expenses				9b	25,380		
	c	Net income or (loss) from special events Subtract line 9b from line 9a							9c 69,038
	10a	Gross sales of inventory, less returns and allowances				10a			
	b	Less cost of goods sold				10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a							10c
	11	Other revenue (from Part VII, line 103)							11 31
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11							12 1,476,563
	13	Program services (from line 44, column (B))							13 1,183,332
Net Assets	14	Management and general (from line 44, column (C))							14 343,884
	15	Fundraising (from line 44, column (D))							15 219,467
	16	Payments to affiliates (attach schedule)							16
	17	Total expenses Add lines 16 and 44, column (A)							17 1,746,683
	18	Excess or (deficit) for the year Subtract line 17 from line 12							18 -270,120
	19	Net assets or fund balances at beginning of year (from line 73, column (A))							19 1,220,678
	20	Other changes in net assets or fund balances (attach explanation)							20 -58,620
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20							21 891,938

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.


Cat No 11282Y

Form 990 (2007)

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)	25a	136,621	51,354	80,209
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included 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	852,276	626,307	112,837
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	78,218	62,082	6,720
29	Payroll taxes	29	95,176	64,767	17,112
30	Professional fundraising fees	30			
31	Accounting fees	31	28,851		28,851
32	Legal fees	32			
33	Supplies	33	7,227	7,227	
34	Telephone	34	13,482	10,344	1,731
35	Postage and shipping	35	12,118	3,660	656
36	Occupancy	36	113,905	97,825	14,521
37	Equipment rental and maintenance	37	8,615	8,107	379
38	Printing and publications	38	22,019	2,394	898
39	Travel	39	4,020	3,556	125
40	Conferences, conventions, and meetings	40	7,627	7,627	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) 	42	63,482	59,667	2,823
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	1,746,683	1,183,332	343,884








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)
a 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"/>	446,073
b affordable housing development of affordable housing	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	192,633
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  <input type="checkbox"/>	137,599
d 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"/>	407,027
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . 	1,183,332

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing	110,641	45	36,343		
	46	Savings and temporary cash investments		46			
	47a	Accounts receivable	19,661				
	b	Less allowance for doubtful accounts		34,903	47c	19,661	
	48a	Pledges receivable					
	b	Less allowance for doubtful accounts			48c		
	49	Grants receivable	75,100	49	46,108		
	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)					
	b	Less allowance for doubtful accounts			51c		
	52	Inventories for sale or use		52			
	53	Prepaid expenses and deferred charges	26,306	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					
	b	Less accumulated depreciation (attach schedule)			55c		
	56	Investments—other (attach schedule)	571,019	56		529,023	
	57a	Land, buildings, and equipment basis	1,791,589				
	b	Less accumulated depreciation (attach schedule)	818,653	958,142	57c		972,936
	58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)	42,527	58		42,770	
	59	Total assets (must equal line 74) Add lines 45 through 58	1,818,638	59		1,673,147	
	Liabilities	60	Accounts payable and accrued expenses	103,333	60	299,365	
		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)	494,627	64b	481,844		
65		Other liabilities (describe <input type="checkbox"/> _____)		65			
66		Total liabilities Add lines 60 through 65	597,960	66		781,209	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted	1,091,110	67	789,824		
	68	Temporarily restricted	129,568	68	102,114		
	69	Permanently restricted		69			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds		70			
	71	Paid-in or capital surplus, or land, building, and equipment fund		71			
	72	Retained earnings, endowment, accumulated income, or other funds . .		72			
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,220,678	73	891,938		
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . . .	1,818,638	74	1,673,147		

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,456,801
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	1,430
2	Donated services and use of facilities	b2	108,938
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	-130,130
	Add lines b1 through b4	b	-19,762
c	Subtract line b from line a	c	1,476,563
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	-19,762
e	Total revenue (Part I, line 12) Add lines c and d	e	1,476,563

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,920,194
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	108,938
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	60,050
4	Other (specify) _____	b4	4,523
	Add lines b1 through b4	b	173,511
c	Subtract line b from line a	c	1,746,683
d	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	
e	Total expenses (Part I, line 17) Add lines c and d	e	1,746,683

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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
See Additional Data Table				

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 <u>27</u>			
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.)
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(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 Form 990-T 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 or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____		81b	No
b Did the organization file Form 1120-POL 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

108,938

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, 2007 (See instructions.)

90b

42

91a

The books are in care of MARY KAY O'ROURKE EXECUTIVE DIRECT 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

Part VI 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 ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

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

Note: 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					87,820
b	contracted services					118,771
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	17,962	
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	-1,430	
101	Net income or (loss) from special events			01	69,038	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a other income					31
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				85,570	206,622
105	Total (add line 104, columns (B), (D), and (E)) ▶					292,192

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

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
NOTE: If "Yes" to (b), file Form 8870 and 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)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 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?				Yes	No

Please Sign Here	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				
	*****			2008-11-04	
	Signature of officer _____ Date _____				
	MARY KAY O'ROURKE EXECUTIVE DIRECTOR Type or print name and title				

Paid Preparer's Use Only	Preparer's signature _____ Linda M Smith CPA		Date 2008-11-04	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)

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
2007

Department of the Treasury
Internal Revenue Service

Name of the organization
WELLSPRING HOUSE INC

Employer identification number
04-2735048

Part I

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY DOE PO Box 5546 magnolia,MA 01930	BUSINESS MANAGER 40 00	48,153	13,711	0
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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 individual 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		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,789,232	1,006,220	973,257	1,364,234	5,132,943
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	334,795	282,700	284,502	68,127	970,124
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	9,751	5,308	7,161	9,390	31,610
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	80	14,702	7,080		21,862
23 Total of lines 15 through 22	2,133,858	1,308,930	1,272,000	1,441,751	6,156,539
24 Line 23 minus line 17	1,799,063	1,026,230	987,498	1,373,624	5,186,415
25 Enter 1% of line 23	21,339	13,089	12,720	14,418	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	103,728
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	950,952
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	5,186,415
d Add Amounts from column (e) for lines 18 31,610 19 0 22 26 b 950,952				26d	1,004,424
e Public support (line 26c minus line 26d total)				26e	4,181,991
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	8063 36 %
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 (2006) (2005) (2004) (2003)					
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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27 b 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	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	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)			
		31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
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 9 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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 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	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 12 of the instructions.)

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

Yes	No
-----	----

- | | | |
|---------------|--|----|
| 51a(i) | | No |
| a(ii) | | No |
| b(i) | | No |
| b(ii) | | No |
| b(iii) | | No |
| b(iv) | | No |
| b(v) | | No |
| b(vi) | | No |
| c | | No |

C		No
----------	--	----

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

[illegible]

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

▶ ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

TY 2007 Depreciation and Depletion Schedule

Name: WELLSPRING HOUSE INC
EIN: 04-2735048

Asset	Amount
sea chane 6 computers	558
sea change - work station	39
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
essex bldg improvements	83
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
flooring - washington	111
heating system - washington	658
heating system - washington	815
windows & doors	698
vuilding imp - chestnut	3,133
action inc	288
building imp chestnut	27
boiler - chestnut	458
roof - chestnut	143
heating baseboard	337

Asset	Amount
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
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	154
EASTERN COPY FAX - CANON IR2800	290
SOCIAL SOLUTIONS - SOFTWARE	480
DELL COMPUTERS - 4 DELL STAFF COMPUTERS	945
COSTELLO - SIDE OF 11 CHESTNUT	1,016
COSTELLO - ROOF AND GUTTERS 28 EMERSON	1,022

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
a ADvertising	43a	9,021	7,538	948	535
b child care	43b	3,295	3,295		
c contractual services	43c	112,787	17,854	57,158	37,775
d food	43d	19,724	19,517	207	
e Household supplies	43e	3,634	3,634		
f insurance	43f	33,915	29,810	3,630	475
g network expense	43g	17,324	12,718	2,711	1,895
h office expense	43h	16,119	10,011	1,969	4,139
i participants expense	43i	4,183	4,133		50
j repairs and maintenance	43j	46,257	43,528	2,035	694
k scholarshipclient assistance	43k	14,174	14,174		
l staff training	43l	1,742	1,657	45	40
m subscriptionprogram material	43m	4,798	2,907	544	1,347
n bank charges	43n	7,056		7,056	
o miscellaneous	43o	7,963	6,648	672	643
p amortization	43p	1,054	991	47	16

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
NANCY SCHWOYER 302 ESSEX AVENUE GLOUCESTER, MA 01930	ed (thrU MARCH 08)& dir of legacy 40 00	93,819	7,342	0
MARK KAY O'ROURKE 302 ESSEX AVENUE GLOUCESTER, MA 01930	EXecutive director (EFFEC APRIL 08) 40 00	33,562	1,898	0
lesIEE 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	cIERK 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 19 ESTRELLA STREET 3 JAMAICA PLAIN, MA 02130	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
PATRICIA J LANDREN 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
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
SARAH GREEN 27 WONSON STREET GLOUCESTER,MA 01930	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
ROSEMARY HAUGHTON 302 ESSEX AVENUE GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
CAROLINE HOVEY 65 EAST INDIA ROW APT 2F BOSTON, MA 02110	BOARD MEMBER 3 00	0	0	0
DEBBY NELSON 73 PENZANCE ROAD ROCKPORT, MA 01966	BOARD MEMBER 3 00	0	0	0
SIGRID OLSEN 34 ROCKY NECK AVENUE GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
JOHN PETERMAN 14 SOUTHPOINT LANE IPSWICH, MA 01938	BOARD MEMBER 3 00	0	0	0
KRISTIN PRINCE 3 OAKES AVENUE GLOUCESTER, MA 01930	BOARD MEMBER 3 00	0	0	0
LAUREL ROSSI 333 PEARL STREET 11d NEW YORK, NY 10038	BOARD MEMBER 3 00	0	0	0
MARY JANE VERONESE 5 BLOSSOM LANE MAGNOLIA, MA 01930	BOARD MEMBER 3 00	0	0	0

Asset	Amount
COSTELLO - DOOR 28 EMERSON	101
STOVE	182
SEA CHANGE SYSTEMS - TAPE DRIVE	193
DELL COMPUTER	112
GARDNERS MATTRESS - 6 302 ESSEX	43
CREATIVE PLAYTHINGS - SWING SET W EXTRA SWING	50
SIMPLY BUNKBEDS - 4 TWIN BUNK BEDS	22
COSTELLO - NEW WINDOW 11 CHESTNUT	48
BOSTON FENCE - CHESTNUT STREET	52
COSTELLO - WINDOWS	244
COSTELLO - APT NEW WINDOWS	59
COSTELLO - DEPOSIT FOR BATHROOM REPLACEMENT	167
COSTELLO - 2ND DISBURSEMENT FOR WOMEN'S BATHROOM CHESTNUT STREET	73
COSTELLO - WOMEN'S FLOOR BATH BALANCE	128
COSTELLO - BALANCE DUE FOR 3RD FLR BATH DOOR COMPLETED AT 11 CHESTNUT	166
COSTELLO - FRENCH STORMSCREEN DOOR REPLANCED SUNPORCH	73
BOSTON FENCE - RUBBISH CORRAL	45
RB STRONG - SEWER CONNECTION	187
LEPORE PROTECTIVE SERVICES - PROGRAM PANEL AND RECONNECT TO TELE LINE	292
COSTELLO - INSTALLATION OF NEW DOOR AT EMERSON AVENUE LOCATION	98
LANE'S APPLIANCE - 28 EMERSON FANS AND LIGHT FIXTURES	117
CAPE ACOUSTICAL - BIG ROOM ACOUSTICAL CEILING	564
LANE'S APPLIANCE - LIGHT FIXTURE	119
GLOVER'S FLOOR COVERINGS INC - REPLACE WCAF RUG WITH TILE	106
COSTELLO - 28 EMERSON AVE - REMOVE AND REPLACE ROTTEN FASCIA	37
GLOVER FLOOR COVERINGS INC - RUG IN ANNEX OFFICES AND CONFERENCE ROO	17

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Gross Sales Price: 35,362

Basis: 36,667

Sales Expenses: 125

Total (net): -1,430

TY 2007 Investments - Other Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	Book Value	Cost/FMV
INVESTMENTS	529,023	F

TY 2007 Land etc. Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY AND EQUIPMENT	1,791,589	818,653	972,936

TY 2007 Other Assets Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	Beginning of Year Amount	End of Year Amount
LOAN ACQUISITION COST	6,758	5,704
restricted cash	35,769	37,066

TY 2007 Other Changes in Net Assets Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	Amount
UNREALIZED GAIN ON SALE OF SECURITIES	-58,620

TY 2007 Other Expenses Included Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	Amount
rockport lodge	4,523

TY 2007 Other Revenues Included Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	Amount
Rockport Lodge	-130,130

TY 2007 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	35,000	0	35,000	0	35,000
Women HOnoring Women LUncheon	110,448	77,535	32,913	15,562	17,351
Father's Day Road Race	5,633	0	5,633	1,653	3,980
other events	6,819	0	6,819	3,859	2,960
HOLIDAY STORE	14,053	0	14,053	4,306	9,747

TY 2007 Other Income Schedule

Name: WELLSPRING HOUSE INC

EIN: 04-2735048

Description	2006	2005	2004	2003	Total
other Income	80	14,702	7,080		21,862