

990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 507(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2003

Open to Public Inspection

Form 990  
Department of the Treasury  
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning SEP 1, 2003 and ending AUG 31, 2004

B Check all that apply: <input type="checkbox"/> Charitable <input type="checkbox"/> Scientific <input type="checkbox"/> Literary <input type="checkbox"/> Educational <input type="checkbox"/> Religious <input type="checkbox"/> Other (describe):	C Name of organization <b>GENTLE WIND PROJECT</b>		D Employer identification number <b>22-2516754</b>
	E Address (street, P.O. box, if mail is not delivered to street address) <b>118 PISCATAQUA ROAD</b>		F Telephone number <b>603-860-5071</b>
G City or town, state or country, and ZIP + 4 <b>DURHAM, NH 03824</b>		H Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (describe):	
I Section 501(c)(3) organizations and 507(a)(1) nonexempt charitable trusts must attach a completed Schedule B (Form 990 or 990-E).			
J Website: <b>WWW.GENTLEWINDPROJECT.COM</b>			
K Organization type: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) or (30) <input type="checkbox"/> 501(c)(27) or (28) <input type="checkbox"/> 501(c)(26)			
L Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.			
M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-E, or 990-T).			
N and I are not applicable to section 527 organizations.			
O (a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
P (b) If Yes, enter number of affiliates: _____			
Q (c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, attach a list.)			
R (d) Is this a separate return filed by an organization covered by a group filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
S Group Exemption Number: _____			
T Gross receipts: Add lines 8b, 8c, 9b, and 10b to line 12 <b>1,854,111.</b>			

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	1,163,797.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (attach S-1) (attach S-2)	1d	1,163,797.	1,163,797.
2 Program service revenue including government fees and contracts (from Part VII, line 8)	2	84,393.	84,393.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		22,408.
5 Dividends and interest from securities	5		
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	
	8a	592,512.	
	8a	487,100.	
b Less: cost or other basis and sales expenses	8b	96,026.	
c Gain or (loss) (attach schedule)	8c	96,026.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	96,026.	96,026.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9		
a Gross revenue (not including S reported on line 1a) or contributions	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 10)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,366,623.
13 Program services (from line 44, column (B))	13		1,304,943.
14 Management and general (from line 44, column (C))	14		500,920.
15 Fundraising (from line 44, column (D))	15		301,619.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		2,107,482.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-740,859.
19 Net assets or fund balances at beginning of year (from line 23, column (A))	19		2,077,324.
20 Other changes in net assets or fund balances (attach explanation)	20		0.
21 Net assets or fund balances at end of year (combine lines 19, 20, and 21)	21		1,336,465.

Use For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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2003.09000 GENTLE WIND PROJECT

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## GENTLE WIND PROJECT

22-2514354

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 not approved for voters.			
Do not include amounts reported on Form 990, 990-B, 990-E, or 990-T of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
27	Salaries and allowances (attach schedule)				
28	Specific expenses to individuals (attach schedule)				
29	Benefits paid to or for members (attach schedule)				
30	Compensation of officers, directors, etc.	151,350.	175,675.	87,838.	87,837.
31	Other salaries and wages	240,143.	120,047.	60,048.	60,048.
32	Travel (see instructions)				
33	Travel (see instructions)				
34	Other employee benefits	63,109.	31,555.	15,777.	15,777.
35	Payroll taxes	103,061.	51,531.	25,765.	25,765.
36	Professional fees (see instructions)	3,750.			3,750.
37	Accounting fees	3,173.		3,173.	
38	Legal fees	110,769.		110,769.	
39	Supplies	153,353.	76,677.	46,005.	30,671.
40	Telephone	55,702.	27,851.	16,711.	11,140.
41	Postage and shipping	49,025.	20,012.	0,005.	12,000.
42	Duplicating	91,811.	45,906.	27,543.	18,362.
43	Equipment rental and maintenance	2,540.	2,540.		
44	Printing and publications				
45	Travel	54,360.	27,180.	10,872.	16,308.
46	Conferences, conventions, and meetings	579.	289.	290.	
47	Interest	45,777.		45,777.	
48	Depreciation, depletion, etc. (attach schedule)	181,472.	145,177.	27,221.	9,074.
49	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 2	606,498.	580,453.	15,166.	10,879.
49		2,107,482.	1,304,943.	500,920.	301,619.

Less: Fees (Form 990-SS) (Form 990-SS) (Form 990-SS) (Form 990-SS)

Are any joint costs from a combined advertising campaign and fundraising activities reported on (B) Program services?  Yes  No

If "Yes," enter (i) the appropriate 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

What is the organization's primary exempt purpose?  EDUCATIONAL RESEARCH

## EDUCATIONAL RESEARCH

In response to this question, the organization should describe its activities in a clear and concise manner. State the nature of the work, the objectives, the methods used, the results achieved, and the impact of the work. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of gifts and grants received for the year.)

- a GENTLE WIND RETREAT HAS CONDUCTED EXTENSIVE RESEARCH ON MENTAL AND EMOTIONAL WELL BEING AND THE HEALING OF TRAUMA. THE ORGANIZATION HAS DEVELOPED HEALING INSTRUMENTS AS A RESULT OF THIS RESEARCH. (Grants and allocations \$ )

Program Service Expenses

Please use the 990-B and 990-E forms, but exclude the amounts reported on these forms.

1,304,943.

b (Grants and allocations \$ )

c (Grants and allocations \$ )

d (Grants and allocations \$ )

e (Grants and allocations \$ )

f Other program services (attach schedule) (Grants and allocations \$ )

g Total of Program Service Expenses (should equal line 49, column (B), Program services)  1,304,943.

Form 990 (2005)

**Part IV Balance Sheets**

Note: If more 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	24 Cash - non-interest-bearing	81,122.45	105,966.
	26 Savings and temporary cash investments	51,186.48	32,186.
	27 a Receivables	47a 39,467.	
	b Less: allowance for doubtful accounts	47b	148,714.47c
	40 a Prepaid receivables	40a	
	b Less: allowance for doubtful accounts	40b	49
	49 Other receivables		
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	STMT 3 51a 231,920.	
	b Less: allowance for doubtful accounts	51b	231,660. 51c 231,920.
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
55 a Investments - land, buildings, and equipment basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 2,519,322.		
b Less: accumulated depreciation	57b 888,581.	2,085,022. 57c 1,630,743.	
58 Other assets (describe <input type="checkbox"/> )		58	
<b>59 Total assets (col lines 24 through 58) (must equal line 74)</b>		2,593,704. 59	
Liabilities	60 Accounts payable and accrued expenses	18,515. 60	128,744. 61
	61 Grants payable		61
	62 Retained revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 Tax-exempt bond liabilities		64a
	65 a Mortgage and other notes payable	STMT 4 STMT 5 497,865. 65a	550,045. 65b
b Other liabilities (describe <input type="checkbox"/> CAPITAL LEASE OBLIGATION)		65c 25,034. 65d	
<b>66 Total liabilities (col lines 60 through 65)</b>		516,380. 66	
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	2,077,324. 67	1,336,465. 68
	68 Temporarily restricted		68
	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 similar 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 (col lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		2,077,324. 73
	<b>74 Total liabilities and net assets (col lines 66 and 73)</b>		2,593,704. 74

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. Was the public permitted or organized in any 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.



## Part VII Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a confirmed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year included by this return? b If "Yes," has it had a tax return on Form 990-T for this year?	78a 78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common ownership, governing bodies, business officers, etc. to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization	80a	X
81 a ENTER DIRECT OR INDIRECT POLITICAL EXPENDITURES. (See line 61 instructions.) b Use the organization tax form 1120-POL for this year?	81a	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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 II.)	82a 82b	X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to paid pro bono contributions?	83a 83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a 84b	X
85 501(c)(4), (6), or (9) organizations: a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 used for the prior year	85a 85b	X
c Dues, assessments, and similar amounts from members	85c	N/A
d Raffle (501)(c) lobbying and political expenditures	85d	N/A
e Applicable noncharitable amount of certain 501(c)(1)(B) music activities	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 5073(a) fee on the amount on line 85f?	85g	N/A
h Section 5052(a)(1)(A) dues notice waiver sent; does the organization agree to add the amount on line 85f to its reasonable estimate of trust disbursements for nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(27) organizations: Enter: a Initialiation fees and capital contributions included on line 12 b Gross receipts included on line 12 for public use of club facilities	86a 86b	N/A
87 501(c)(28) organizations: Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87a 87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(28) organizations: Enter: Amount of tax imposed on the organization during the year under section 4911 b 501(c)(28) and 501(c)(4) organizations: Did the organization engage in any section 4955 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	89a 89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89c 89d	
90 a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2003	90a 90b	12
91 The books are in the care of Telephone no.	91a 91b	603-868-5871
Located at	91c	03824
92 Section 4947(b)(1) nonexempt charitable trusts: King Power 900 on tax of Form 1041. Check here and enter the amount of tax imposed, interest received, or amount due for the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income			(E) Rental or asset income
	(A) Business code	(B) Amount	(C) Total gross income	
93 Program service income:				
a SEMINAR FEE				84,393.
b				
c				
d				
e				
1 Medical/medicaid payments:				
g fees and contracts from government agencies				
94 Membership dues and assessments				
95 Interest on savings and temporary cash investments			14	22,400.
96 Dividends and interest from securities				
97 Net rental income or (loss) from real estate:				
a debt-financed property				11,322.
b not debt-financed property				
98 Net rental income or (loss) from personal property				
99 Other investment income				
100 Gain or (loss) from sales of assets other than inventory			18	96,025.
101 Net income or (loss) from special events				
102 Gross profit or (loss) from sales of inventory				
103 Other revenue:				
a				
b				
c				
d				
e				
f				
g				
104 Subtotal (add columns (B), (D), and (E))			0.	118,433.
105 Total (add lines 104, columns (B), (D), and (E))				202,826.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purpose** (See page 38 of the instructions.)

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

93A SEMINARS CONDUCTED BY THE ORGANIZATION PROVIDE EDUCATIONAL OPPORTUNITIES FOR ATTENDEES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 24 of the instructions.)

Line No.	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	N/A	%			
		%			
		%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 24 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (a), file Form 4870 and Form 4720 (see instructions).

Preparer's name (print or type) **BERRY FUND, INC. & CO.** Date **7/15/05** Preparer's title **CPA**

Preparer's signature **[Signature]** Date **7/15/05** Check if preparer is not employed by the organization

Preparer's address (street and city, state, and ZIP code) **6 FUNDY ROAD  
FALMOUTH, ME 04105** Telephone number **207-781-3445**

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: If for gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 513, 514, or 514		(E) Amount or amount applied to income
	(A) Business code	(B) Amount	(C) Type of activity	(D) Amount	
93 Program service related:					
a SEMINAR FEE					84,393.
b					
c					
d					
e					
1 Medical/medical payments:					
a fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	22,400.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventories			18	96,025.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0.	118,433.	84,393.
105 Total (add line 104 columns (B), (D), and (E))					202,826.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 38 of the instructions.)

Line 9a Explain how each activity for which income is reported in column (B) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A SEMINARS CONDUCTED BY THE ORGANIZATION PROVIDE EDUCATIONAL OPPORTUNITIES FOR ATTENDEES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

Line 9b	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	N/A	%			
		%			
		%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (a), file Form 4570 and Form 4720 (see instructions).

Preparer's name (print or type) **BERRY FUND, INC. CPH** Date **7/15/05** Preparer's EIN (if any) \_\_\_\_\_

Signature of preparer *[Signature]* Date **7/15/05** Type or print name and title **Treasurer**

Preparer's name (print or type) **BERRY FUND, INC. CPH** Date **7/15/05** Check if preparer is not an individual

Signature of preparer *[Signature]* Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Preparer's name (print or type) **6 FUNDY ROAD** Date \_\_\_\_\_

Signature of preparer *[Signature]* Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Preparer's name (print or type) **FALMOUTH, ME 04105** Date \_\_\_\_\_

Preparer's phone number **207-781-3445**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundations and Section 501(c)(1), 501(b), 501(n),  
501(s), or Section 508(a)(1) Nonexempt Charitable Trust)

2003

Department of the Treasury  
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

GENTLE WIND PROJECT

Employer identification number

22-2516354

**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) Compensation from other plans & deferred compensation	(e) Excess account and other allowances
JOAN CARREIRO 118 PISCATAQUA ROAD, DURHAM, NJ 0302472+		70,270.		
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individual or firm). 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	0	



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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "yes," enter the total expenses paid or incurred in connection with the lobbying activities. <b>▶</b> <u>0</u> <u>0</u> (Must equal amounts on line 28, Part IV-A, or line 6 of Part IV-B.) Organizations that made an election under section 501(c)(6) by filing Form 5708 must complete Part IV-A. Other organizations checking "Yes," must complete Part IV-B AND attach a state report giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following with any substantial contributors, trustees, directors, officers, chapters, 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. <b>SEE STATEMENT 7</b>		
3	Sale, exchange, or leasing of property?	3a	X
	b. Lending of money or other extension of credit?	3b	X
	c. Furnishing of goods, services, or facilities?	3c	X
	d. Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	3d	X
	e. Transfer of any part of its income or assets?	3e	X
3	a. Do you make grants for scholarships, fellowships, student loans, etc.? (If "yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
	b. Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Do you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

5	<input type="checkbox"/> A church, congregation of churches, or association of churches. Section 170(b)(1)(A)(i).		
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8	<input type="checkbox"/> A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv).		
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v). <b>Enter the hospital's name, city, and state ▶</b>		
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)		
11	<input checked="" type="checkbox"/> 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)(vii). (Also complete the <b>Support Schedule</b> in Part IV-A.)		
11a	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(viii). (Also complete the <b>Support Schedule</b> in Part IV-A.)		
12	<input type="checkbox"/> An organization that normally receives: (1) more than 22 1/8% 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 22 1/8% 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 <b>Support Schedule</b> in Part IV-A.)		
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 3 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	(a) Name(s) of supported organization(s)	(b) Line number from 2003
14	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)		

Schedule A (Form 990 or 990-E) 2003

**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 surviving Part IV-A as a guide to the cash method of accounting.

Category year for fiscal year beginning on:	99 2002	99 2001	(a) 2000	(b) 1999	(c) Total
15 Gifts, grants, and non-cash contributions (Do not include proceeds from the sale of appreciated assets. See line 7a.)	1,889,227.	1,214,464.	813,653.	984,369.	4,901,713.
16 Membership fees received					
17 Gross receipts from admissions, membership dues or similar performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	371,703.	335,483.	478,380.	407,156.	1,492,722.
18 Gross income from interest, dividends, annuities, unrelated loan payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (also carbon 511 basis) from businesses acquired by the organization after June 30, 1993	187.	310.	269.	1,323.	2,089.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a government and without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule (do not include gain or loss) from sale of capital assets					
23 Total of lines 15 through 22	2,161,117.	1,550,257.	1,292,302.	1,392,848.	6,396,524.
24 Line 23 minus line 17	1,889,414.	1,214,774.	813,922.	985,692.	4,903,802.
25 (a) 15 of line 23	21,611.	15,503.	12,923.	13,928.	
26 Organizations described on lines 10 or 11: a. Enter 2% of amount in column (c), line 24					98,076.
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 1994 through 2002 exceeded the amount shown in line 25a. Do not file this list with your return. Enter the total of all these excess amounts					406,382.
c. Total (page 6 for section 501(c)(1) test; page line 24, column (c))					4,903,802.
d. Add: Amounts from column (c) for lines: 19 <u>2,089.</u> 18 <u>406,382.</u>					408,471.
e. Public support (line 20c minus line 20d total)					4,495,331.
f. Public support percentage (line 25e numerator) divided by line 25c (denominator)					91.670%
27 Organizations described on line 12: a. For amounts included in lines 15, 16, and 17 that are received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002)	(2001)	(2000)	(1999)		
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 \$9,500 (include in the list organizations described in lines 5 through 11, as well as individuals). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002)	(2001)	(2000)	(1999)		
c. Add: Amounts from column (a) for lines: 15 <u>15</u> 16 <u>21</u>					N/A
d. Add: Line 27a total and line 27b total					N/A
e. Public support (line 27c total minus line 27d total)					N/A
f. Total support for section 501(c)(2) test: Enter amount on line 23, column (c)			271		N/A
g. Public support percentage (line 27e numerator) divided by line 27f (denominator)					N/A
h. Investment income percentage (line 18 column (c) numerator) divided by line 27f (denominator)					N/A
28 Unrelated Business: For an organization described in line 10, 11, or 12 that received any unrelated gifts during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the gift, and a brief description of the nature of the gift. Do not file this list with your return. Do not include these gifts in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogs, and other written or recorded communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization published 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 a racially nondiscriminatory basis?	32b	
c Copies of all catalogs, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions process?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational services?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a 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, I.R.B. 267, covering racial nondiscrimination? If "no," attach an explanation.	35	

Schedule A (Form 990 or 990-EZ) 2003

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 6 of the instructions.)

N/A

(To be completed only by an eligible organization that filed Form 5708)

Check  if the organization belongs to an affiliated group. Check  if you checked "a" and limited credit provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group total	(b) To be completed for all electing organizations
	N/A	
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 39 and 38)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$50,000	20% of the amount on line 40	
Over \$50,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$50,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$1,750,000	\$225,000 plus 6% of the excess over \$1,500,000	
Over \$1,750,000	\$1,300,000	
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(c)**

(Some organizations that make a section 501(c) 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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2002	(b) 2003	(c) 2004	(d) 2005	(e) Total	(f) Total
45 Lobbying nontaxable amount						0.
46 Lobbying taxable amount (150% of line 45)(1)						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots taxable amount (150% of line 48)(1)						0.
50 Grassroots lobbying expenditures						0.

**Part VI-B Lobbying Activity by Nonselecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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		X	
b. Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c. Media advertisements		X	
d. Mailings to members, legislators, or the public		X	
e. Publications, or published or broadcast statements		X	
f. Grants to other organizations for lobbying purposes		X	
g. Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h. Rallies, demonstrations, seminars, conferences, speeches, lectures, or any other means		X	
i. Total lobbying expenditures (Add lines a through h.)			0.

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



FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FLORIDA LAND	09/08/99	11/15/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	65,909.	65,325.	0.	0.	574.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PROLINE 23	02/01/01	07/01/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
TUNY LICAUSSI	37,000.	66,269.	3,700.	44,179.	11,210.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MARSHCAT	02/01/01	06/16/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	15,750.	16,347.	0.	10,898.	10,301.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FLORIDA REAL ESTATE	04/01/03	11/15/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	347,571.	344,615.	0.	25,350.	28,306.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BOAT - HANS CHRISTIAN	02/27/02	03/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
EVERETT NEWCOMB	98,000.	105,100.	8,055.	43,792.	28,637.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
4 PIANOS	08/31/90	07/06/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
THE PIANO MAN	2,000.	6,000.	0.	3,714.	514.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SHOP MACHINE	08/31/92	07/13/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
BRENTWOOD MACHINE	6,000.	6,000.	0.	6,000.	6,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GUITAR	08/31/92	07/14/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ACOUSTIC OUTFITTERS	1,000.	1,000.	0.	1,000.	1,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GUITAR	08/31/92	07/21/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ACOUSTIC OUTFITTERS	2,000.	2,000.	0.	2,000.	2,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
STEREO EQUIPMENT	08/31/92	07/26/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JOSEPH DAVIS	3,235.	3,235.	0.	3,235.	3,235.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
STEREO EQUIPMENT	08/31/92	08/03/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
GOODWIN'S AUDIO	3,049.	2,040.	0.	3,049.	3,049.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BOW FLEX	08/31/92	08/11/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DAVID HILLS	600.	600.	0.	600.	600.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HITACHI TV	08/31/92	08/11/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	600.	600.	0.	600.	600.

TO FM 990, PART I, LN 8	583,513.	620,149.	11,755.	144,416.	96,025.
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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER	2,640.	2,640.		
INSURANCE	8,080.		8,080.	
BANK FEES	13.		13.	
CREDIT CARD FEES	25,387.	15,232.	6,347.	3,808.
INTERNET FEES	2,010.	670.	670.	670.
CONTRACT LABOR	71,676.	71,676.		
FOOD	41,389.	41,389.		
MEDICAL RESEARCH & GRANTS	448,838.	448,838.		
PERMITS, LICENCES & FEES	56.		56.	
FUNDRAISING	6,401.			6,401.
TOTAL TO FM 990, LN 43	606,498.	580,453.	15,166.	10,879.



FORM 990	OTHER NOTES AND LOANS REPORTED SEPARATELY	STATEMENT	3
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BORROWER'S NAME		TERMS OF REPAYMENT		
PAUL CARREIRO		\$1,400/MO 5 YR BALLOON		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
VARIOUS	07/01/88	0.	0.00%	0.

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
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RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
EMPLOYEE/BROTHER OF OFFICER		0.	231,928.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	231,928.

FORM 990	MORTGAGES PAYABLE	STATEMENT	4
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DESCRIPTION	BALANCE DUE
GRANITE BANK	265,074.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	265,074.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 5
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<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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ALECRO

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

<u>RELATIONSHIP OF LENDER</u>
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NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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ALECRO

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

<u>RELATIONSHIP OF LENDER</u>
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NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
CITIZENS BANK		180 MOS	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
02/28/02	02/28/17	75,000.	6.99%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
EQUIP		EQUIP ACQUISITION	
<u>RELATIONSHIP OF LENDER</u>			
NONE			

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	0.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
LIBERTY BANK		180 MOS	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
11/27/02	12/27/02	120,000.	6.99%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
EQUIP		EQUIP ACQUISITION	
<u>RELATIONSHIP OF LENDER</u>			
NONE			

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	108,270.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
BANK AMERICA		180 MOS	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
09/06/00	09/05/15	42,257.	11.00%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
EQUIP		EQUIP ACQUISITION	
<u>RELATIONSHIP OF LENDER</u>			
NONE			
<u>DESCRIPTION OF CONSIDERATION</u>		<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH		0.	0.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
OCEAN NATIONAL BANK -LOC		INTEREST ONLY	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
VARIOUS	07/19/09	0.	6.25%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
EQUIP		LINE OF CREDIT - WORKING CAPITAL	
<u>RELATIONSHIP OF LENDER</u>			
NONE			
<u>DESCRIPTION OF CONSIDERATION</u>		<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
		0.	175,643.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
CF CAPITAL	48 MOS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
11/06/03	12/06/07	6,000.	2.90%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
EQUIP ACQUISITION	EQUIP ACQUISITION

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	1,058.
<u>TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B</u>		<u>286,971.</u>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT	
MARY MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	PRESIDENT 72+	70,270.	0.	0.
SHELLY MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	TREASURER 72+	70,270.	0.	0.
CAROL MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	CLERK 72+	70,270.	0.	0.
JOAN CARREIRO 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 72+	70,270.	0.	0.
PETER CORNETTA 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
MARGARETA LOUGHRAN 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
GRACE HAIDEN 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
RACHEL MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
ROBERT PAUL 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
PAMELA RANHEIM 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 72+	70,270.	0.	0.
LAURIE THOMPSON 118 PISCATAQUA ROAD DURHAM, NH 03824	DIRECTOR 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		351,350.	0.	0.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 3

STATEMENT 7

LOAN WAS MADE TO EMPLOYEE & BROTHER OF AN OFFICER. REPAYMENT  
OF THE LOAN BEGAN IN JUNE OF 2003. TERMS OF THE LOAN ARE MONTHLY PAYMENTS  
OF \$1,400, 8% INTEREST WITH A 5YR BALLOON.

4562

# Depreciation and Amortization 900

(Including Information on Listed Property)

OMB No. 1545-0047

2003

REGISTRATION NO. 67

Department of the Treasury  
Internal Revenue Service  
Washington, DC 20548

▶ See separate instructions. ▶ Attach to your tax return.

Use this form to report the depreciation and amortization of property.

OMB No. 1545-0047

GENTLE WIND PROJECT

FORM 990 PAGE 2

22-2514354

### Part I Section 179 Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part I before you complete Part II

1	Maximum amount. See instructions for a higher limit for certain businesses	1	100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Clear amount this year. Subtract line 4 from line 1. If zero or less, enter -0-. If more than one year, see instructions	5	
6	Property placed in service during the year	6	
7	Listed property. Enter the amount from line 2B	7	
8	Total elected cost of section 179 property. Add amounts in column (d), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part I or Part II below for listed property. Instead, use Part IV.

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the year (see instructions)	14	
15	Property subject to section 168(b)(1) election (see instructions)	15	
16	Other depreciation (including 400% (see instructions))	16	134,128.

### Part III MACRS Depreciation (Do not include listed property) (See instructions)

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	21,109.
18	If you are electing under section 168(e)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

### Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Original and full period in service	(c) Basis for depreciation (book value less any adjustments)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		128,028.	5	HY	200DB	25,607.
c	7-year property						
d	10-year property						
e	15-year property		17,314.	15	HY	200DB	866.
f	20-year property						
g	25-year property			25 yrs.		S/L	
n	Residential rental property			27.5 yrs.	MM	S/L	
			SEE STATEMENT 8	27.5 yrs.	MM	S/L	
e	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

### Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a	Class life						
b	10-year			17 yrs.		RS	
c	40-year			40 yrs.	MM	S/L	

### Part IV Summary (See instructions)

21	Listed property. Enter amount from line 2B	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter increase or decrease on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	193,455.
23	For assets of more than one class placed in service during the current year, enter the portion of the basis attributable to section 2636 assets	23	

Use Form 4562 For Paperwork Reduction Act Notice, see separate instructions.

Form 990 (2003)



**Part V** **Intangible Property** (Exclude automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only (2), (4), (5), column (a) through (d) of Section A, all of Section B, and Section C, if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

24a	Do you have evidence to support the business/treatment use claimed?		Yes	No	24b	If "Yes," is the evidence written?		Yes	No
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Type of property (not vehicles, see 2)	Date placed in service	Business/Residential use percentage	Cost or other basis	Days to be depreciated (business method only)	Recovery period	Method: Conventional	Depreciation deduction	Section 179 cost	
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						29		
26	Property used more than 50% in a qualified business use	%							
		%							
		%							
27	Property used 50% or less in a qualified business use	%				SA -			
		%				SA -			
		%				SA -			
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29	Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30	Total business investment miles driven during the year (do not include commuting miles)											
31	Total commuting miles driven during the year											
32	Total other personal (noncommuting) miles driven											
33	Total miles driven during the year Add lines 30 through 32											
34	Was the vehicle available for personal use during off-duty hours?											
35	Was the vehicle used primarily by a more than 5% owner or related person?											
36	Is another vehicle available for personal use?											

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

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

**Part VI - Amortization**

	(a) Depreciation (costs)	(b) Depreciation (lease)	(c) Amortizable amount	(d) Cost basis	(e) Amortization (straight-line method)	(f) Amortization (75% cost)
42	Amortization of costs that began during your 2003 tax year					
43	Amortization of costs that began before your 2003 tax year					
44	<b>Total.</b> Add amounts in column (f). See instructions for where to report.					

FORM 4562 TOTALS	RESIDENTIAL RENTAL PROPERTY	STATEMENT 8
(B) MONTH & YEAR IN SERVICE	(C) DEPRECIATION BASIS	(C) DEPRECIATION DEDUCTION
07/04	1,823.	8.
03/04	7,170.	120.
03/04	29,629.	494.
03/04	5,270.	80.
12/03	13,384.	
09/03	1,000.	35.
TOTALS TO FORM 4562, LINE 19H	50,204.	745.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8888.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy	
Type or print Name of Exempt Organization	Employer identification number
GENTLE WIND PROJECT	22-2514354
Number, street, and room or suite no. If a P.O. box, see instructions.	For IRG Use only
118 PISCATAQUA ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
DURHAM, NH 03824	

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

- Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 990-B  Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720  Form 999  Form 999-BL

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole group**, check this box . If it is for **partial** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until JULY 15, 2005
- 5 For calendar year \_\_\_\_\_ or other tax year beginning SEP 1, 2003 and ending AUG 31, 2004
- 6 If the tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension.  
**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

- 8a If this application is for Form 990-BL, 990-DC, 990-T, 4720, or 990-B, enter the nonrefundable tax loss any nonrefundable credits. See instructions. \$
- 8b If this application is for Form 990-PF, 990-T, 4720, or 990-B, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888. \$
- 9 **Balance Due.** Subtract line 8a from line 8b. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

### Signature and Verification

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

Signature  Title  Date

### Notice to Applicant - To Be Completed by the IRG

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the date of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Directly By \_\_\_\_\_ URM

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name	BERRY, FOWLES & CO.
Type or print Number and street (include suite, room, or apt. no.) Or a P.O. box number	SIX FUNNY ROAD
City or town, province or state, and country (including postal or ZIP code)	FALMOUTH, ME 04105

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 990.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or brief description of the organization	Name of Exempt Organization <b>GENTLE WIND PROJECT</b> Number, street, and room or suite no. if a P.O. box, see instructions. <b>122 KASCATAQUE ROAD</b> City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DUREM, NH 03824</b>	Employer identification number <b>32-2614354</b> For IRS use only
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Check type of return to be filed (File a separate application for each return):

Form 990     Form 990-BL     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 990-TA     Form 990-TF  
 Form 990-BL     Form 990-T     Form 990-T (trust other than above)     Form 4750     Form 5027     Form 990

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 990.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Description Number (GDN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and DPs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 2005

5 For calendar year \_\_\_\_\_, or other tax year beginning SEP 1, 2003 and ending AUG 31, 2004

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension:  
**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Forms 990-BL, 990-EZ, 990-T, 4750, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

8b If this application is for Forms 990-CF, 990-T, 4750, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 990. \$ \_\_\_\_\_

9 Balance Due. Submit line 9a with line 8a. Include your payment with this form, or if required, deposit with FTD coupon or by payment by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

**Signature and Verification**

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

Signature: *Sub Brunning* Title: CPA Date: 4/14/05

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is warranted to be a 10-day extension of time for situations otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name	<b>FRYB, POWERS &amp; CO.</b>
Type or brief description of the organization	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>SIX PINEY ROAD</b>
City, or town, province or state, and ZIP code (including postal or ZIP code)	<b>FALMOUTH, ME 04105</b>