

Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

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 2000 calendar year, or tax year period beginning 9/01, 2000, and ending 8/31, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

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

C GENTLE WIND RETREAT 118 PISCATAQUA ROAD DURHAM, NH 03824

D Employer identification number 22-2514354 E Telephone number 603-868-5871 F Check if application pending

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

Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

J Accounting method: Cash Accrual Other (specify) K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes sections for Contributions, Program service revenue, Investment income, Sales of assets, Special events, and Expenses.

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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 Specific instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att. sch.) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att. sch.)	23			
24	Benefits paid to or for members (att. sch.)	24			
25	Compensation of officers, directors, etc.	25	269,595	134,798	67,398
26	Other salaries and wages	26	40,898	20,449	10,224
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	23,796	11,898	5,949
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	42,182	16,873	25,309
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	1,200		1,200
40	Conferences, conventions, and meetings	40			
41	Interest	41	21,898	21,898	
42	Depreciation, depletion, etc. (attach schedule)	42	141,834	141,834	
43	Other expenses (itemize): a Statement 3	43a	654,645	237,558	274,570
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1,196,048	421,576	547,182

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 Specific Instructions on page 23.)

What is the organization's primary exempt purpose? Educational research	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a See Statement 4	
(Grants and allocations \$ 0)	421,576
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	421,576

Part IV Balance Sheets (See Specific Instructions on page 23.)

		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.....		7,245	45	26,982
	46	Savings and temporary cash investments.....		46,422	46	26,155
	47a	Accounts receivable.....	47a 21,334			
	b	Less: allowance for doubtful accounts.....	47b	54,683	47c	21,334
	48a	Pledges receivable.....	48a			
	b	Less: allowance for doubtful accounts.....	48b		48c	
	49	Grants receivable.....			49	
	50	Receivables from officers, directors, trustees, and key employees (attach sch).....			50	
	51a	Other notes and loans receivable (attach schedule) Stmt .5..	51a 124,575			
	b	Less: allowance for doubtful accounts.....	51b	74,120	51c	124,575
	52	Inventories for sale or use.....			52	
	53	Prepaid expenses and deferred charges.....			53	
	54	Investments – securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments – land, buildings, and equipment: basis.....				
b	Less: accumulated depreciation (attach schedule).....			55c		
56	Investments – other (attach schedule).....			56		
57a	Land, buildings, and equipment: basis.....	57a 2,501,560				
b	Less: accumulated depreciation (attach schedule) Stmt .6..	57b 522,524	1,728,843	57c	1,979,036	
58	Other assets (describe ▶)			58		
59	Total assets (add lines 45 through 58) (must equal line 74).....		1,911,313	59	2,178,082	
LIABILITIES	60	Accounts payable and accrued expenses.....		6,221	60	1,921
	61	Grants payable.....			61	
	62	Deferred revenue.....			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule).....			63	
	64a	Tax-exempt bond liabilities (attach schedule).....			64a	
	b	Mortgages and other notes payable (attach schedule)..... See Statement .7..		97,567	64b	301,376
	65	Other liabilities (describe ▶)			65	
66	Total liabilities (add lines 60 through 65).....		103,788	66	303,297	
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.....		1,807,525	67	1,874,785
	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 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).....		1,807,525	73	1,874,785	
74	Total liabilities and net assets/fund balances (add lines 66 and 73).....		1,911,313	74	2,178,082	

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.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	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 conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
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		X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
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		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	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 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 12.	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A	
87	501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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 30.7701-3? If "Yes," complete Part IX.	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0	
d	Enter: Amount of tax in 89c, above, reimbursed by the organization.		0	
90a	List the states with which a copy of this return is filed <u>NH, ME and FL</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b	10	
91	The books are in care of <u>SHELLY MILLER</u> Telephone no. <u>603-868-5871</u> Located at <u>118 PISCATAQUA ROAD, DURHAM, NH</u> ZIP code <u>03824</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u> <u>N/A</u>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

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 HEALING PROGRAM					421,576
b BOOKS					2,453
c MISCELLANEOUS					1,469
d PROGRAM FEES					52,682
e OTHER					200
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
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			14	269	
100 Gain/loss from sales of assets other than inventory			18	4,355	
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))				4,624	478,380
105 Total (add line 104, columns (B), (D), and (E))					483,004

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

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).
	See Statement 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(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 Specific Instructions on page 31.)

- (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 (b), file Form 8870 and Form 4720 (see instructions).

Please 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 knowledge.

11-14-01 Date Shelly Miller, Treasurer
Type or print name and title.

Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

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 RETREAT

Employer identification number

22-2514354

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
None				
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 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	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. ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V.	2d	X
e Transfer of any part of its income or assets? See Statement 10. If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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

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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	984,369	1,100,265	405,082	336,694	2,826,410
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	407,156	230,686	176,953	45,413	860,208
18 Gross income from interest, dividends, amounts received from payments on securities (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	1,323	1,529	16	62	2,930
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 governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,392,848	1,332,480	582,051	382,169	3,689,548
24 Line 23 minus line 17	985,692	1,101,794	405,098	336,756	2,829,340
25 Enter 1% of line 23	13,928	13,325	5,821	3,822	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	N/A				26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: See Statement 11 (1999) <u>421,406</u> (1998) <u>730,628</u> (1997) <u>189,595</u> (1996) <u>204,340</u>					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1999) <u>0</u> (1998) <u>0</u> (1997) <u>0</u> (1996) <u>0</u>					
c Add: Amounts from column (e) for lines: 15 <u>2,826,410</u> 16 _____ 17 <u>860,208</u> 20 _____ 21 _____					27c 3,686,618
d Add: Line 27a total <u>1,545,969</u> and line 27b total _____					27d 1,545,969
e Public support (line 27c total minus line 27d total)					27e 2,140,649
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 3,689,548				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 58.02%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h 0.08%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
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 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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
.....			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here **a** if the organization belongs to an affiliated group.
 Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 of the instructions.)

N/A

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.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

GENTLE WIND RETREAT

Employer identification number

22-2514354

Organization type (check one) - Section: 501(c)(3) ◀ (enter number); 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ▶
Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization GENTLE WIND RETREAT	Employer identification number 22-2514354
--	---

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$ 154,288	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
2	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$ 152,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
—	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

GENTLE WIND RETREAT

22-2514354

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Stock - 2,750 shares of Milacron, Inc.	\$ 56,538	3/23/01
—	—	\$ —	—
—	—	\$ —	—
—	—	\$ —	—
—	—	\$ —	—
—	—	\$ —	—

Name of organization

Employer identification number

GENTLE WIND RETREAT

22-2514354

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Statement 10
Schedule A, Part III, Line 2
Transactions with Trustees, Directors, Etc.

Line 2(b) - A loan was made to the brother of an officer of the organization to assist in payment of medical bills.

Line 2(c) - The organization provides food and lodging for research staff and employees.

Line 2(d) - The organization pays salaries to its officers. See Form 990, Part V for detail.

Statement 11
Schedule A, Part IV-A, Line 27a
Payments from Disqualified Persons

Disqualified Person	1999	1998	1997	1996
	\$ 155,106	\$ 596,283	\$ 133,700	\$ 128,000
	0	0	0	27,400
	225,000	65,895	55,895	48,940
	0	11,700	0	0
	41,300	56,750	0	0
Total	<u>\$ 421,406</u>	<u>\$ 730,628</u>	<u>\$ 189,595</u>	<u>\$ 204,340</u>

GENTLE WIND RETREAT

22-2514354

Statement 1
Form 990, Part I, Line 7
Other Investment Income

INTEREST INCOME	\$	269
Total	\$	<u>269</u>

Statement 2
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets:

Description:	SEAMASTER
Date Acquired:	9/01/99
How Acquired:	Purchased
Date Sold:	5/04/01
To Whom Sold:	
Gross sales price:	18,900
Cost or other basis:	22,097
Expenses of sale:	0
Depreciation:	4,420

Gain (Loss)	\$	<u>1,223</u>
-------------	----	--------------

Description:	PEARSON
Date Acquired:	9/01/99
How Acquired:	Purchased
Date Sold:	5/14/01
To Whom Sold:	
Gross sales price:	20,500
Cost or other basis:	28,946
Expenses of sale:	0
Depreciation:	11,578

Gain (Loss)	3,132
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Gain (Loss) from other assets	<u>4,355</u>
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Total Gain (Loss)	<u>\$ 4,355</u>
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Statement 3
Form 990, Part II, Line 43
Other Expenses

<u>Other Expenses</u>	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
Bad debt	\$ 2,115		2,115	

GENTLE WIND RETREAT

22-2514354

Statement 3 (continued)
Form 990, Part II, Line 43
Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank charges	\$ 1,251	750	501	
Computer accessories	1,070		1,070	
Computer software	1,987		1,987	
Contract labor	3,499		3,499	
Credit card processing fees	25,769	15,461	5,154	5,154
Dues and subscriptions	147		147	
Food services	43,010	25,806	17,204	
Fundraising expenses	79,115			79,115
Health insurance	1,577	789	394	394
Housing	57,411		57,411	
Instruments and symbols	22,849	22,849		
Insurance	26,145		26,145	
Internet service	1,367		273	1,094
Machine shop expenses	52,910	42,328	5,291	5,291
Maintenance	2,448		2,448	
Office supplies	46,146	19,604	18,700	7,842
Postage	44,505	22,252	13,352	8,901
Postage meter	6,837	3,418	2,051	1,368
Postal box rental	64		64	
Professional fees	6,438		6,438	
Program expense	450	450		
Property taxes	23,449		23,449	
Reimbursements	63,479		63,479	
Research	68,548	51,411		17,137
Seminar	889		889	
Utilities	31,443	12,577	12,577	6,289
Workers comp. insurance	12,749	6,374	3,187	3,188
Xerox rental and supplies	26,978	13,489	6,745	6,744
Total	<u>\$ 654,645</u>	<u>237,558</u>	<u>274,570</u>	<u>142,517</u>

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

Description	Grants and Allocations	Program Service Expenses
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.	\$ 0	421,576
	<u>\$ 0</u>	<u>421,576</u>

GENTLE WIND RETREAT

22-2514354

Statement 5
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

<u>Notes and Loans Reported Separately</u>	<u>Balance Due</u>	<u>Allowance for Dbtful Accounts</u>
Borrower's Name : PAUL CARREIRO		
Repayment Terms: ON DEMAND		
Security Provided: NONE		
Purpose of Loan: MEDICAL CARE		
Rel. of Borrower: BROTHER OF OFFICER		
Original Amount: 74,120		
Balance Due:	\$ 74,120	
Borrower's Name : PAUL CARREIRO		
Repayment Terms: ON DEMAND		
Security Provided: NONE		
Purpose of Loan: MEDICAL CARE		
Rel. of Borrower: BROTHER OF OFFICER		
Original Amount: 50,455		
Balance Due:	50,455	
	\$ 124,575	
	<u>Total</u>	<u>\$ 124,575</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Asset</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Automobiles / transportation equip.	\$ 170,517	52,883	117,634
Machinery and equipment	816,847	368,370	448,477
Buildings	1,161,242	117,269	1,043,973
Land	403,997		403,997
Miscellaneous	-51,043	-15,998	-35,045
Total	<u>\$ 2,501,560</u>	<u>522,524</u>	<u>1,979,036</u>

Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

<u>Mortgages Payable</u>	<u>Balance Due</u>
CHASE MANHATTAN	\$ 131,094
INDIAN RIVER BANK	95,959

GENTLE WIND RETREAT

22-2514354

Statement 7 (continued)
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

		\$ 227,053
<u>Other Notes Payable</u>		
Lender's Name:	ALLEGRO ACCEPTANCE	
Purpose of Loan:	EQUIPMENT PURCHASE	
Original Amount:	22,175	
Balance Due:		\$ 17,318
Lender's Name:	ALLEGRO ACCEPTANCE	
Purpose of Loan:	EQUIPMENT PURCHASE	
Original Amount:	5,400	
Balance Due:		4,038
Lender's Name:	BANK OF AMERICA	
Purpose of Loan:	EQUIPMENT PURCHASE	
Original Amount:	42,257	
Balance Due:		40,967
Lender's Name:	AMERICAN EXPRESS	
Repayment Terms:	REVOLVING CREDIT	
Purpose of Loan:	CASH FLOW	
Original Amount:	12,000	
Balance Due:		12,000
		<u>\$ 74,323</u>
Total		<u>\$ 301,376</u>

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
MARY MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	President 40	\$ 35,675	0	0
CAROL MILLER 118 PISCATAQUA RD DURHAM, NH 03824	Vice President 40	35,675	0	0
SHELLY MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	Treasurer 40	35,675	0	0

Client GENTLE

GENTLE WIND RETREAT

22-2514354

10/30/01

01:57PM

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Plan Contrib.	Expense Account/ Other
JOAN CARRIERO 118 PISCATAQUA ROAD DURHAM, NH 03824	Director 40	\$ 35,675	0	0
PAMELA RANHEIM 118 PISCATAQUA ROAD DURHAM, NH 03824	Director 40	35,675	0	0
JOHN MILLER 118 PISCATAQUA ROAD DURHAM, NH 03824	Director 40	35,675	0	0
MARGARET THOMAS 5955 RIVERSIDE DRIVE MELBOURNE BEACH, FL 32951	Director 40	25,606	0	0
VIRGINIA PUMMER 10 PRINCE AVE. KITTERY, ME 03904	Director 40	26,195	0	0
GLORIA JEAN HOSTETLER 10 PRINCE AVE KITTERY, ME 03904	Director 40	3,744	0	0
		Total	\$ 269,595	0

Statement 9
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93(a)	Healing instruments developed to restore and regenerate a person's energetic structure. These instruments were developed from research and testing of newer, more effective tools and techniques for the healing of trauma as described in the organization's application for tax exemption.
93(b)	Books and other publications are sold which provide useful information about emotional well being.
93(c)	Other community based revenues support organizations efforts.
93(d)	Certain seminars are conducted by the organization that are available for a fee.
93(e)	Reimbursements received for program related expenses.

GENTLE WIND RETREAT

22-2514354

Balance Sheet

Mortgages and other notes payable [O]

Notes payable - Allegro Acceptance	\$	4,897
Notes payable - Allegro Acceptance		20,840
Notes payable - Chase Manhattan		71,830
	Total \$	<u>97,567</u>