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Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

may use this form The organization may have to use a copy of this return to satisfy state reporting requirements Open to Rublic Inspection

Α	For t	he 2009 ca	lendar	year, or tax year beginn	ing 6/01		, 2009	and e	nding	5/31			, 2010		
<u>B_</u>	Check	if applicable		С							D Emp	loyer i	dentification number		
	Addres	s change	Please use IRS	MEADOWINDS, INC	3.						20	-35	24065		
	Name	change	label or print or	2493 BLAINE RO							E Tele	Telephone number			
	Initial	return	type. See	MOSCOW, ID 838	43						20	าล-ล	82-7907		
=	Termir	nation	Specific												
=		ieu retuin	Instruc- tions.									up Ex nber	remption		
111		ation pending							- A						
	•	• Section 5	01(c)(3) organizations and 494	7(a)(1) nonexempt	charita	able trusts n	5		ccounting		ı: [<u>v</u>	Cash Accrual		
	must áttách a completed Schedule Á (Form 990 or 990-EZ). Other (specify) ► H Check ► if the organization is not														
	Web	site: ► N	/A								j " " attach	Sche	dule B (Form 990.		
		xempt status		nly one) — X 501(c) (3) ◄ (insert no.)	1 494	7(a)(1) or	527		90-EZ, or					
	Chec			anization is not a section					oross	receipts a	are norn	nally	not more than		
				or Form 990 return is not											
ī	hhA	lines 5h, 6t	and 7	7b, to line 9 to determin	e gross receipts: if	\$500.0	000 or mo	re. file F	orm 9	90					
		ad of Form			·		700 07 11101	o,o .	J J	,,		▶\$	204,715.		
Pä	řt I	Reve	nue, l	Expenses, and Cha	nges in Net As	sets o	or Fund	Balan	ces (See the	ınstru	ction	s for Part I.)		
	1	Contributi	ons, gif	ts, grants, and similar a	mounts received							1	204,385.		
	2	Program s	service	revenue including gover	nment fees and co	ontracts	5					2	-		
	3	Membersh	nip dues	s and assessments								3			
	4	Investmer	nt incon	ne								4	330.		
	5 a	Gross am	ount fro	om sale of assets other	than inventory			5 a				*			
	b	Less: cost	t or oth	er basis and sales expe	nses			5 b			- L				
R	C	Gain or (loss	s) from sa	ale of assets other than invento	ory (Subtract In 5b from	In 5a)					_	5с			
V	6	Special even	its and ac	tivities (complete applicable p	arts of Schedule G). If a	iny amoui	nt is from ga	iming, che	eck here	•					
アートラン	а	Gross rev	enue (r	not including \$	of c	contribu	itions				Ä				
E		reported of	on line	1)				6a							
	b	Less: dire	ct expe	enses other than fundrai	sing expenses			6 b				× .			
	C	: Net income o	or (loss) i	from special events and activit	ies (Subtract line 6b fro	om line 6a	a)					6c			
				ventory, less returns an	d allowances	ł	RF	(<u> </u>	/FI)	<u> </u> å	7			
		Less cost				_		¥ 5.6							
	C	Gross pro	fit or (le	oss) from sales of inven	tory (Subtract line	7b floo	filine 7a)			OSC	_	7c			
	8	Other revenu	•				AL L	21	2011		_,	8			
	_ 9_	Total reve	nue. A	dd Imes 1, 2, 3, 4, 5c, 6	c, 7c, and 8	<u>u</u>	1	*		\$2	•	9	204,715.		
	10	Grants an	id simila	ar amounts paid (attach	schedule)	- 1	nai	See 15	tate	ment 1	<u> </u>	10	113,127.		
Ε	11	•		or for members		-	-VUI		<u>. U</u>		_	11			
X P E	12			ompensation, and emplo	•						<u> </u>	12			
E N	13			s and other payments to	•	ractors.				•	⊢	13	 		
S	14	•	• .	utilities, and maintenar							-	14			
S	15			ions, postage, and ship							_	15	6 020		
	16			ribe ► <u>See Stateme</u>		_					-′ ⊢	16	6,232.		
				Add lines 10 through 16					_	•		17	119,359.		
	18	Excess or	(defici	t) for the year (Subtract	line 17 from line 9	9)						18	85,356.		
NS	19	Net assets	s or fun	nd balances at beginning	of year (from line	27, co	lumn (A))	(must a	agree v	vith end-o	, y c a ,	10	00 502		
N S E E T E				n prior year's return)							⊢	19	90,503.		
T S	20		-	net assets or fund bala	·							20	175 050		
	<u>21</u>			nd balances at end of ye								21	175,859.		
ra	řť II:	Ralai	nce S	heets. If Total assets of		(B) are	\$1,250,00	JU or mo							
22	0-			(See the instruction	s for Part II.)				(A)	Beginning			(B) End of year		
22		_		nvestments	•				-	88	<u>,503.</u>		23,459. 150,400.		
23		nd and build		na b. Saa Statomo	int 3	`					000	23	2,000.		
24		ner assets (t al assets	(uestill	be ► <u>See Stateme</u>	:II ()	/					<u>,000.</u> ,503.	24	175,859.		
25 26		tai assets tal liabilitie	e (dece	rihe ►		1			-	50	, 303. 0.	26	173,639.		
26 27				alances (line 27 of colu	mn (B) must agree	/ /	ne 211		<u> </u>	90	,503.		175,859.		
_	_			Paperwork Reduction				15	<u> </u>		, 555.	1-/1	Form 990-EZ (2009)		

Form	990-EZ (2009) MEADOWINDS, INC	352	24065 Page 2			
Par	t III Statement of Program Se		Expenses			
What i	s the organization's primary exempt purpose? Se	e Statement 4			7 (Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Dest	ribe what was achieved in carrying out the ribe the services provided, the number o	ne organization's exempt purp	oses In a clear and co	ncise manner,	orga	nizations and section
desci	ribe the services provided, the number o ram title	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, optional thers)
	Aid the people of the gre	eater Moscow ID ar	ea through edu	cational	10. 0	l
20					-	
	and scientific research,	public rorums, pur	TIPITIO, GIVIII	d Zociai	-	
	and material aid & in fe					
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	>	28 a	157.
29]	
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			·			
	(Grants \$) If the	nis amount includes foreign gi	rants, check here		29 a	
30				ļ		
30					1	
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	(Grants \$) If the	nis amount includes foreign gi	rants shock hara		30 a	
21			ants, check here		30 a	
31	Other program services (attach schedul		to shoot born	▶ [31 a	
20		nis amount includes foreign gi	rants, check here		H	157.
	Total program service expenses (add l					
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (if not paid, enter -0)	(d) Contribution	of 2 one and	(e) Expense account and other allowances
	(a) Name and address	to position	not paid, enter -0)	deferred compens	ation	and other allowances
CHA	RLENE S. BRANNON	President & CEO	0.		0.	0.
	3 BLAINE ROAD	1	• • •			• •
	COW, ID 83843	1	•			
		Vice President	0.		0.	0.
	EST_BRANNON	vice President	0.		υ.	υ.
	3 BLAINE ROAD	j U				
	COW, ID 83843					
GEO	RGE GROBMEIER	Secretary	0.		0.	0.
112	0 KOUSE STREET] 0				
MOS	COW, ID 83843					
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Pa	rt v Other Information (Note the statement requirements in the instriction Part V.) See Sta	teme	ent	5
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	\$ C	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A	45		,
39	Section 501(c)(7) organizations Enter			,
	a Initiation fees and capital contributions included on line 9 N/A	\$	7 %	Έ,
	b Gross receipts, included on line 9, for public use of club facilities N/A	* "		-,
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	4	* * *	
	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.	•		
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .			2/2
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .			Agent Age
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ► None			
42	a The organization's books are in care of ► CHARLENE BRANNON Located at ► 2493 BLAINE ROAD MOSCOW ID Telephone no ► 208-89 21P + 4 ► 83843	<u> 32-7</u>	907_	
	Located at ► 2493 BLAINE ROAD MOSCOW ID ZIP + 4 ► 83843			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country		% <u>\$</u>	
				, , ,
		: 527		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			<u>`</u>
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		_X_
	If 'Yes,' enter the name of the foreign country			
4 3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	,	- □	N/A
-TJ	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	10			
		r·	Yes	No
44				.,
	of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
DA/	·	m 990	E7 /	2000)

Only

BAA

Moscow, ID 83843

May the IRS discuss this return with the preparer shown above? See instructions

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employed benefit plans and deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 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 pyeparex (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here CHARLENE S. BRANNON President Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Paid Preparer's selfsignature James R. Pilcher N/A employed Pre-Havden & Ross, Firm's name (or parer's yours if self-employed), address, and ZIP + 4 315 S. Almon N/A Use EIN

Phone no

(208)

882-5547

► X Yes No Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Der Inte

partment of the Treasury ernal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.		Upen to Public Inspection
me of the organization		Employer identificat	ion number
EADOWINDS, IN	C.	20-3524065	;
art l Reason fo	r Public Charity Status (All organizations must complete this part.)	See instruct	ions
e organization is not	a private foundation because it is: For lines 1 through 11, check only one box)		

MEA	DOWINDS, INC.							20-3	524065	5		
$\overline{}$			ıs (All organızatıons					See ı	nstruct	ions		
The o	organization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check c	nly one	box)					
1	-		ociation of churches des		section	n 170(b)	(1)(A)(i)).				
2	$\boldsymbol{\vdash}$		A)(ii). (Attach Schedule									
3	_ 		e organization described									
4	-	-	ed in conjunction with a h	nospital	describe	d in sec	ction 17	о(ь)(1)(А	A)(iii) Er	nter the ho	spital's	S
5	name, city, and standard An organization op 170(b)(1)(A)(iv). (0	erated for the benefit	of a college or university	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in	sectio	n
6 7	An organization th	•	governmental unit descri a substantial part of its su art II)					t or fron	n the ger	neral public	c desc	rıbed
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II)							
9	from activities relate investment income June 30, 1975 Sec	ed to its éxempt function e and unrelated busine e section 509(a)(2). (C		eptions, section	and (2) r 511 tax)	o more from b	than 33- usiness	1/3 % of es acqui	its sunni	ort from oro	SS	after
10	⊢	J- 1	exclusively to test for pu		•		` '	• /				
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete lines	a)(1) or s 11e th	section rough 1	509(a)(i Ih	2) See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of o	ne or k that
	a Type I	b Type II		I – Fund					d	Type III—		
е	By checking this by than foundation may 509(a)(2).	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led dired upported	ctly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	ified perso (a)(1) or s	ns oth ection	ner
f	If the organization check this box	received a written del	termination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g		2006, has the organiza	ation accepted any gift o	r contrib	oution fro	om any	of the f	pniwollo	persons			
-	3		, , , , , ,					3			Yes	No
	(i) a person who	directly or indirectly	controls, either alone or	togethe	with pe	rsons d	escribe	d in (ii) a	and (III)	11 6		
		overning body of the solution of a person describer.	supported organization?							11 g (i) 11 g (ii)		
		•	n described in (i) or (ii) a	hove?	•					11 g (iii)	ļ	
h	- ·	= -	the supported organization							119 (11)	L	L
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) lister	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	(vi) I organizati (i) organii U S	ion in col	(vii) Amour	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
				ļ								
				[
				1								
Total		, , , , , ,		**	<		,	,				

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

Schedule A (Form 990 or 990-EZ) 2009

Par	TII Support Schedule for	_		· ·	D)(I)(A)(IV) an	a 170(b)(1)(A)	(VI)	
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t I.)				
Cale	ndar year (or fiscal year nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						***	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	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.							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4					^ >		
Sec	tion B. Total Support	<u> </u>				-	<u> </u>	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10	* * * *						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12		
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)	
	tion C. Computation of Pu							
14	Public support percentage for 20			ne 11, column (f)	•	14	<u>%</u>	
15	Public support percentage from	2008 Schedule A,	Part II, line 14	•		15	<u></u> %	
	16 a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box							
17 a	and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
Ŀ	the organization meets the facts 10%-facts-and-circumstances to		_	·		-		
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he a publicly suppo	e. Explain in Part rted organization.	t IV how the ►	
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 1/a			90 or 990-EZ) 2009	
					SC	ricuule 🗛 (FOIII) 9	JU UL JJU-EZJ 2009	

Page 3

|Partill | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 Calendar year (or fiscal yr beginning in)► **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 124,495 204,385. 328,880. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 0 0 0 124,495 204,385 328,880. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0. year 0 0 0 0 0 0 0 0. 0 0. c Add lines 7a and 7b 0. A R MAN LE MAN A A MAN A 8 Public support (Subtract line 7c from line 6.) 328,880. Section B. Total Support (a) 2005 **(e)** 2009 Calendar year (or fiscal yr beginning in) (b) 2006 (c) 2007(d) 2008 (f) Total 0 0 0 124,495 204,385 328,880. 9 Amounts from line 6. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources 0. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0. c Add lines 10a and 10b ... 0 0 0. 0. 0 0. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 13 Total support. (add ins 9, 10c, 11, and 12) 328,880. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Suppl	lemental Information 178	ation. Complete the part III, line	is part to provide 12. Provide any o	the explanations recother additional info	quired by Part II, lir rmation. See instru	ne 10; ictions.
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009.	Federal Statements		Page 3
	MEADOWINDS, INC.		20-352406
Statement 1 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	EDUCATION IOWA WESTERN COMMUNITY COLLEGE 2700 COLLEGE RD COUNCIL BLUFFS, IA 51503	\$	500.
Class of Activity: Donee's Name: Donee's Address:	EDUCATION UNIVERSITY OF IDAHO 745 PERIMETER DR MOSCOW, ID 83843	·	
Cash Amount Given:	, 22 2222	\$	100.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion BANK CHARGES Conferences, Conventions, and Information Technology Office Expenses PROPERTY TAX Travel	d Meetings 	. \$ Total <u>\$</u>	900. 140. 1,840. 2,217. 157. 524. 454. 6,232.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Furniture and Fixtures	<u>Be</u> \$	ginning 2,000. \$ 2,000. \$	Ending 2,000 2,000

Organization's Primary Exempt Purpose

Provide aid to persons of need through educational and scientific research, public forums, publishing, giving social and material aid in the name of Jesus Christ.

2009. **Federal Statements** Page 4 MEADOWINDS, INC. 20-3524065 Statement 5 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No

2009.	Federal Statements	Page 1
•	MEADOWINDS, INC.	 20-3524065
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid		
Class of Activity: Donee's Name: Donee's Address:	EDUCATION SCIPHRE INSTITUTE INC 2493 BLAINE ROAD MOSCOW, ID 83843	22 522
Cash Amount Given: Class of Activity: Donee's Name: Donee's Address:	RELIGIOUS ORGANIZATION MOSCOW CHURCH OF THE NAZARENE 1400 East 7th Street Moscow, ID 83843	\$ 20,500.
Relationship of Donee: Cash Amount Given:	NONE	\$ 10,250.
Class of Activity: Donee's Name: Donee's Address:	COMMUNITY SERVICE CAMPUS CRUSADE FOR CHRIST c/o Nuart Theater 516 S Main Street Moscow, ID 83843	
Relationship of Donee: Cash Amount Given:	NONE	\$ 3,000.
Class of Activity: Donee's Name: Donee's Address:	HEALTH & WELFARE DOCTORS WITHOUT BORDERS 333 7th Avenue, 2nd Floor New York, NY 10001	
Relationship of Donee: Cash Amount Given:	NONE	\$ 100.
Class of Activity: Donee's Name: Donee's Address:	VETERAN SERVICES USO WORLD HEADQUARTERS Department WS, PO Box 96860 WASHINGTON, DC 20090	
Relationship of Donee: Cash Amount Given:	NONE	\$ 25.
Class of Activity: Donee's Name: Donee's Address:	OVERCOME POVERTY APSARA FOUNDATION NATIONAL RD 6, KROUS VILLAGE SVAY DANGKUM COMMUNE, SIEM REAP 17252 Cambodia	
Relationship of Donee: Cash Amount Given:	NONE	\$ 54,100.
Class of Activity: Donee's Name: Donee's Address:	MINISTRY PARTNERS INTERNATIONAL 1117 E WESTVIEW CT SPOKANE, WA 99218	
Class of Activity	UIIMANTTADTAN ATO /DELTEE	\$ 20,000.
Class of Activity: Donee's Name: Donee's Address:	HUMANITARIAN AID/RELIEF AMERICARES 88 Hamilton Avenue Stamford, CT 06902	
Cash Amount Given:	•	\$ 100.

2009.	Federal Statements	Page 2		
•	MEADOWINDS, INC.		20-3524065	
Statement 1 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid				
Class of Activity: Donee's Name: Donee's Address:	MISSIONARY McBride E-Free Church PO Box 369 McBride, BC VOT2EO Canada			
Cash Amount Given:	Meditae, de voizio canada	\$	1,000.	
Donee's Name: Donee's Address:	SPECIAL OLYMPICS IDAHO 199 E. 52nd St. Garden City, ID 83714		50	
Cash Amount Given:		\$	50.	
Class of Activity: Donee's Name: Donee's Address:	CHILD SAFETY EDUCATION MOSCOW CHILD SAFETY BENEFIT -POLICE DEP 118 EAST 4TH STREET MOSCOW, ID 83843			
Cash Amount Given:		\$	75.	
Class of Activity: Donee's Name: Donee's Address:	HUMANITARIAN AID/RELIEF WOMEN FOR WOMEN INTERNATIONAL GLOBAL SUPPORT CENTER PO BOX 9224 CENTRAL ISLIP, NY 11722			
Cash Amount Given:	CHARLES TODAY, NI 11/12	\$	175.	
Donee's Name: Donee's Address:	AUDITORIAM CHAMBER MUSIC SERIES U OF I PO BOX 444015 MOSCOW, ID 83844			
Cash Amount Given:		\$	500.	
Class of Activity: Donee's Name: Donee's Address:	MEDICAL RESEARCH AVON PRODUCTS FOUNDATION INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			
Cash Amount Given:	NEW TOTAL, NT TOTOS	\$	100.	
Class of Activity: Donee's Name: Cash Amount Given:	HUMANITARIAN AID/RELIEF CAMBODIAN VITAMIN PROJECT	\$	152.	
Class of Activity: Donee's Name: Donee's Address:	CLOTHING DISTRIBUTION HOPE CENTER 1108 PULLMAN RD MOSCOW, ID 83843			
Cash Amount Given:	MOSCON, 12 03043	\$	500.	
Class of Activity: Donee's Name: Donee's Address:	ORPHANAGE CANCUN ORPHANAGE PROJECT ENTRE TALLERES Y R. 5 CANCUN, CANCUN Mexico		100	
Cash Amount Given:		\$	100.	
Class of Activity: Donee's Name: Cash Amount Given:	EDUCATION UNIVERSITY OF SYDNEY	\$	1,800.	

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