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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning 6/01, 2009, and ending 5/31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
MEADOWINDS, INC.
2493 BLAINE ROAD
MOSCOW, ID 83843

D Employer identification number
20-3524065

E Telephone number
208-882-7907

F Group Exemption Number

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 204,715.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1															204,385.														
	2																													
	3																													
	4															330.														
	5a																													
	5b																													
	5c																													
	6																													
	6a																													
	6b																													
EXPENSES	7a																													
	7b																													
	7c																													
	8																													
	9															204,715.														
	10															113,127.														
	11																													
	12																													
	13																													
	14																													
ASSETS	15																													
	16															6,232.														
	17															119,359.														
	18															85,356.														
	19															90,503.														
	20																													
	21															175,859.														

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	88,503.	23,459.
23 Land and buildings		150,400.
24 Other assets (describe ▶ See Statement 3)	2,000.	2,000.
25 Total assets	90,503.	175,859.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,503.	175,859.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED FEB 03 2011

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13

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Aid the people of the greater Moscow, ID area through educational and scientific research, public forums, publishing, giving social and material aid & in fellowship in the name of Jesus Christ

28a	157.
-----	------

29

29 a

30

30 a

31 a

32	157.
----	------

(a) Name and address

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

CHARLENE S. BRANNON
2493 BLAINE ROAD
MOSCOW, ID 83843

President & CEO
0

0.

0.

0.

ERNEST BRANNON
2493 BLAINE ROAD
MOSCOW, ID 83843

Vice President	0
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0.

0.

0.

GEORGE GROBMEIER
1120 KOUSE STREET
MOSCOW, ID 83843

Secretary
0

0.

0.

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 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?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
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
37a 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
38a 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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. ; section 4955 0.		
b 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 40b 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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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 40e X		
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **CHARLENE BRANNON** Telephone no **208-882-7907**
 Located at **2493 BLAINE ROAD MOSCOW ID** ZIP + 4 **83843**

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

	Yes	No
42b		X
42c		X

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** X

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** X

Part VI 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.**46** 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

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		X
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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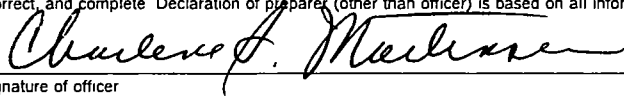
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'


(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		1/8 Jan - 11 Date	
	CHARLENE S. BRANNON Type or print name and title		President	

Paid Preparer's Use Only	Preparer's signature	 James R. Pilcher	Date	1-12-11	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4	Hayden & Ross, P.A. 315 S. Almon Moscow, ID 83843			EIN	N/A		
					Phone no	(208) 882-5547		

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

	Yes	No
X		

BAA

Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning 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						

Section B. Total Support

Calendar year (or fiscal year beginning 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 from 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 activities, etc. (see instructions)					12	

13 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) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 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 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. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III 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

Calendar year (or fiscal yr beginning 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'.)				124,495.	204,385.	328,880.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	0.	0.	0.	124,495.	204,385.	328,880.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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 year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						328,880.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	0.	0.	0.	124,495.	204,385.	328,880.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						328,880.
14 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) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

MEADOWINDS, INC.

20-3524065

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	EDUCATION		
Donee's Name:	IOWA WESTERN COMMUNITY COLLEGE		
Donee's Address:	2700 COLLEGE RD		
	COUNCIL BLUFFS, IA 51503		
Cash Amount Given:		\$	500.
Class of Activity:	EDUCATION		
Donee's Name:	UNIVERSITY OF IDAHO		
Donee's Address:	745 PERIMETER DR		
	MOSCOW, ID 83843		
Cash Amount Given:		\$	100.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	900.
BANK CHARGES		140.
Conferences, Conventions, and Meetings		1,840.
Information Technology		2,217.
Office Expenses		157.
PROPERTY TAX		524.
Travel		454.
Total	\$	6,232.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 2,000.	\$ 2,000.
Total	\$ 2,000.	\$ 2,000.

Statement 4
Form 990-EZ, Part III
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? .

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

MEADOWINDS, INC.

20-3524065

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

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

MEADOWINDS, INC.

20-3524065

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	MISSIONARY		
Donee's Name:	McBride E-Free Church		
Donee's Address:	PO Box 369		
	McBride, BC V0T2E0 Canada		
Cash Amount Given:		\$	1,000.
Donee's Name:	SPECIAL OLYMPICS IDAHO		
Donee's Address:	199 E. 52nd St.		
	Garden City, ID 83714		
Cash Amount Given:		\$	50.
Class of Activity:	CHILD SAFETY EDUCATION		
Donee's Name:	MOSCOW CHILD SAFETY BENEFIT -POLICE DEP		
Donee's Address:	118 EAST 4TH STREET		
	MOSCOW, ID 83843		
Cash Amount Given:		\$	75.
Class of Activity:	HUMANITARIAN AID/RELIEF		
Donee's Name:	WOMEN FOR WOMEN INTERNATIONAL		
Donee's Address:	GLOBAL SUPPORT CENTER PO BOX 9224		
	CENTRAL ISLIP, NY 11722		
Cash Amount Given:		\$	175.
Donee's Name:	AUDITORIUM CHAMBER MUSIC SERIES U OF I		
Donee's Address:	PO BOX 444015		
	MOSCOW, ID 83844		
Cash Amount Given:		\$	500.
Class of Activity:	MEDICAL RESEARCH		
Donee's Name:	AVON PRODUCTS FOUNDATION INC		
Donee's Address:	1345 AVENUE OF THE AMERICAS		
	NEW YORK, NY 10105		
Cash Amount Given:		\$	100.
Class of Activity:	HUMANITARIAN AID/RELIEF		
Donee's Name:	CAMBODIAN VITAMIN PROJECT		
Cash Amount Given:		\$	152.
Class of Activity:	CLOTHING DISTRIBUTION		
Donee's Name:	HOPE CENTER		
Donee's Address:	1108 PULLMAN RD		
	MOSCOW, ID 83843		
Cash Amount Given:		\$	500.
Class of Activity:	ORPHANAGE		
Donee's Name:	CANCUN ORPHANAGE PROJECT		
Donee's Address:	ENTRE TALLERES Y R. 5		
	CANCUN, CANCUN Mexico		
Cash Amount Given:		\$	100.
Class of Activity:	EDUCATION		
Donee's Name:	UNIVERSITY OF SYDNEY		
Cash Amount Given:		\$	1,800.