

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

## **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)

OMB No 1545-0047

2009

Department of the Treasury

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

Open to Public Inspection

|                                |               |                                  |                                |  |  |   |  | 3 - 1 - 1 - 1 - 1                                 |              |   |
|--------------------------------|---------------|----------------------------------|--------------------------------|--|--|---|--|---|--------------|---|
|                                |               |                                  | dar year,                      | or tax year be                           | ginning  |   | 2009, and endir                              |   |              | ,   |
| В                              |               | applicable                       | Diana                          | C  |  |   |  | D Emp   | loyer Ident  | ification Number                                |
|                                | X Add         | dress change                     | Please use<br>IRS label        | MORNING                                  | STAR FOUNDAT   |   |  | 20  | -4830        | 357   |
|                                | X Nar         | me change                        | or рлпt<br>or type.            |  | GLENROSE ST.   |   |  | <b>E</b> Tele                                     | phone numi   | ber   |
|                                | Init          | ial return                       | See<br>specific                | SPOKANE,                                 | WA 99223   |   |  | 50  | 9-448        | -1412   |
|                                | Ter           | mination                         | instruc-<br>tions.             | ļ  |  |   |  |   |              |   |
|                                | H             | ended return                     |                                |  |  |   |  | G Gros  | s receipts : | 10,202,716.                                     |
|                                | $\vdash$      | olication pending                | F Name :                       | and address of prin                      | ocinal officer   |   |  | H(a) Is this a group re                           |              |   |
|                                | <b>□</b> ^₩   | sileation perioling              |                                | AS C ABOV                                | •  |   |  | H(b) Are all affiliates                           |              | Yes No  |
| _                              | Tax           | exempt statu                     |                                |  | )◀ (insert no )  | 4947(a)(1) (                                      | or 527                                       | If 'No,' attach a I                               | ist (see ins | tructions)                                      |
| <u>;</u>                       |               | site: N/                         | _                              | (0) ( 3                                  | ) · (macrit no )                                       |   | 01   | H(a) Crows avaments                               |              |   |
|                                |               |                                  |                                | ation Trust                              | Association X  | <br>Other ►                                       | 1 v 45                                       | H(c) Group exemption tion 2006                    |              |   |
| K<br>Pa                        |               | of organization                  | Corpora                        | ation     I rust                         | Association X  | otner   | L Year of Forma                              | tion 2000 II                                      | I State of I | egal domicile WA                                |
| Pd                             | וזנו          | Summ<br>Breefly deser            |                                |  | nission or most sigr                                   | ufraget actuution                                 | THE ODGS                                     | NITTATIONIC                                       | DIIDDO       | CE TO MO  |
|                                |               |                                  |                                |  |  |   |  |   |              |   |
| Сe                             |               |                                  |                                |  |  |   |  |   |              | E_INGREDIENTS_                                  |
| Activities & Governance        |               |                                  |                                | IZENSHIP                                 |  | GU TUETV E  | WETT TEEM                                    | ביר המשמח די                                      | EWT TU       | Y, HAPPY, AND                                   |
| Ve                             |               |                                  |                                |  | ation discontinued                                     |   | disposed of m                                | re than 25% of u                                  | te accete    |   |
| ŏ                              |               |                                  |                                | •  | overning body (Par                                     | •   | disposed of fin                              | 51C (11d11 2570 511                               | 3            | 13  |
| න්                             |               |                                  |                                |  | bers of the governi                                    |   | I, line 1b)                                  |   | 4            | 13  |
| ij                             |               |                                  | -                              | yees (Part V,                            | -  | , ,   |  |   | 5            | 6   |
| <b>₹</b>                       |               |                                  |                                |  | e if necessary)  |   |  |   | 6            | 150   |
| ĕ                              | 7a            | Total gross ι                    | ınrelated l                    | ousiness revei                           | nue from Part VIII,                                    | column (C), line                                  | 12   |   | 7a           | 0.  |
|                                | b             | Net unrelated                    | d business                     | s taxable incoi                          | me from Form 990-                                      | T, line 34  |  |   | 7b           | 0.  |
|                                |               |                                  |                                |  |  |   |  | Prior Ye  | ar           | Current Year                                    |
| •                              | 8             | Contributions                    | and gran                       | ıts (Part V <mark>,⊞,⊣</mark>            | line <del>1h)</del>                                    |   |  | 136   | ,560.        | 2,923,597.                                      |
| Ž                              | 9             | Program ser                      | vice rever                     | ue (Part ∜III,                           | Ind RECEIVE  | D = 1   |  | 52  | ,766.        | 38,744.   |
| Revenue                        | 10            | Investment ii                    | ncome (Pa                      | art VIII, collum                         | n (A), lines 3, 4, a                                   | nd 7d) (A   |  |   | ,645.        | -1,964,353.                                     |
| Œ                              | 11            | Other revenu                     | ie (Part V                     | III, column 🔗                            | ), lines 5, 6d, 8c, 9<br>11 must equal P               | ၄, 10c, <b>ဥ</b> က်ပ 11e)                         |  |   | ,691.        | 46,549.   |
|                                |               |                                  |                                |  |  |   | A), line 12)                                 |   | ,662.        | 1,044,537.                                      |
|                                |               |                                  |                                |  | art IX, column (A),                                    |   |  | 1,355   | ,144.        | 1,476,540.                                      |
|                                | 14            | Benefits paid                    | d to or for                    | members (Pa                              | IT OCOUNT (A).   | <u>γηεῆ4)</u>                                     |  |   |              |   |
| Ø                              | 15            | Salaries, oth                    | er compe                       | nsation, em <del>pl</del>                | oyee benefits (Part                                    | <del>TX, colum</del> h (A),                       | lines 5-10)                                  |   |              | 213,493.  |
| nse                            | 16 a          | Professional                     | fundraisir                     | ng fees (Part I                          | X, column (A), line                                    | 11e)  |  |   |              |   |
| Expenses                       | ь             | Total fundrai                    | sing expe                      | nses (Part IX,                           | column (D), line 2                                     | 5) ►  | 200,621.                                     |   |              |   |
| û                              | Ī             |                                  | • .                            | •  | ), lines 11a-11d, 11                                   | •   | ·  |   | ,490.        | 388,441.  |
|                                |               | •                                | -                              |  | ust equal Part IX, c                                   | •   | 25)  | 1,579   | <del></del>  | 2,078,474.                                      |
|                                | l             |                                  |                                |  | ne 18 from line 12                                     |   |  | -1,258  | <del></del>  | -1,033,937.                                     |
| * 8                            |               | revenue les                      | 3 CAPCITISC                    | S Cubtract III                           | 10 110111 11110 12                                     |   | <u>.</u>                                     |   |              |   |
| a c                            | 20            | Tatal assats                     | (Dart V I                      | no 16)                                   |  |   |  | Beginning o                                       |              | End of Year<br>11,541,261.                      |
| 88                             | 21            | Total assets<br>Total liabilitie |                                |  |  |   |  | 9,122   | , 763.<br>0. | 65,353.   |
| Net Assets or<br>Fund Balancos | 2             |                                  | •                              | •  |  | 00  |  | 0.122   |              |   |
|                                | <u>22</u><br> |                                  | ure Blo                        |  | ct line 21 from line                                   | 20  |  | 9,122   | , 183.       | 11,475,908.                                     |
| <u> </u>                       | 11 ( 11       |                                  |                                |  |  | ·   |  | -   | _            |   |
|                                |               | Under penalti<br>true, correct,  | es of perjury,<br>and complete | I declare that I ha<br>Declaration of pr | ve examined this return,<br>eparer (other than officer | including accompanyir<br>) is based on all inforr | ng schedules and sta<br>nation of which prep | itements, and to the be<br>arer has any knowledgi | st of my kno | owledge and belief, it is                       |
| c:                             |               |                                  | 1/2                            |  | . /.   |   |  | ///   | 1,0/2        | ~ ^ / A   |
| Siç<br>He                      |               | Signature                        | of officer                     | K. P47                                   | my   |   |  | Date  | 12/0         | 0/0   |
| 110                            | 10            |                                  | 2'//                           |  | 11 / 1/2 /2  | 27-05   | dent   | Date  | •            |   |
|                                |               | Type or r                        | orint name an                  | d title                                  | HAWLEY   | Presi   | 4Cht   |   |              |   |
|                                |               | 1,700 0.1                        |                                |  |  |   | Date   | T   | I Pr         | enarer's identifying number                     |
| Pa                             | id            |                                  |                                |  | 11.0   |   | Date   | Check if self-                                    | (s           | eparer's identifying number<br>ee instructions) |
| Pre                            |               | Preparer's signature             | <b>►</b> 373.0                 | E DICCAN                                 | Mito V   | 100   | 11/10/1                                      | employed  | <b>-</b>     | 00140707  |
|                                | rer's         |                                  |                                | E RIGGAN                                 | , varery   | gan UTT   | 11/10/1                                      | .∪  |              | 00148727  |
| Us                             | е             | Firm's name yours if self-       |                                | SONALLEN                                 |  | 700   |  |   | 4            | 146740  |
| Or                             | ıly           | employed),<br>address, and       |                                |  | SIDE AVE STE   | /00   |  | EIN P   |              | 46749   |
| _                              |               | ZIP + 4                          |                                |  | 99201-0622   |   | _  | Phone no  | <b>►</b> (50 | <del></del>                                     |
| -                              |               | _                                |                                |  | arer shown above?                                      |   |  |   |              | X Yes No  |
| BA                             | A For         | <b>Privacy Act</b>               | and Pape                       | rwork Reduct                             | ion Act Notice, see                                    | the separate in                                   | structions.                                  | TEEA01  | 13L 12/29    | /09 Form <b>990</b> (2009)                      |

TEEA0113L 12/29/09 Form 990 (2009) Form 990 (2009) MORNING STAR FOUNDATION
Part IV Checklist of Required Schedules

|     |   |     | Yes      | No         |
|-----|---|-----|----------|------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1   | Х        |            |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | _X_      |            |
| 3   | 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  | 3   |          | X          |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  | 4   |          | <u>x</u> _ |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III   | 5   |          |            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part l  | 6   |          | <u> </u>   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II   | 7_  |          | X          |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8   |          | X          |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV   | 9   |          | Х          |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10  | Х        |            |
| 11  | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   | 11  | Х        |            |
| •   | Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI  |     |          |            |
| •   | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII  |     | i        |            |
| •   | • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  | ,   |          |            |
|     | <ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X</li> </ul> |     |          |            |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X  |     |          |            |
| 12  | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  | 12  |          | Х          |
|     | AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X   |     |          |            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13  |          | Х          |
| 14: | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |          | _X_        |
| 1   | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I   | 14b |          | Х          |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II   | 15  |          | X          |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III   | 16  |          | Х          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e <sup>7</sup> If 'Yes,' complete Schedule G, Part I  | 17  |          | Х          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18  | Х        |            |
|     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 19  |          | Х          |
| 20  | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H   | 20  | <u> </u> | X          |

Form 990 (2009) MORNING STAR FOUNDATION

[Ration | Checklist of Required Schedules (continued)

|      | •   |      | Yes | No       |
|------|---|------|-----|----------|
| 21   | Did the 'organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   |     | X        |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22   | Х   |          |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J                                | 23   |     | Х        |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 | 24a  |     | Х        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |          |
| (    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |     |          |
| d    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |     |          |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a  |     | X        |
| ł    | s is the organization 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               | 25b  |     | <u> </u> |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II  | 26   |     | Х        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III                       | 27   |     | X        |
| 28   | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |      | ·   |          |
| ā    | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a  |     | <u>X</u> |
| ı    | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete<br>Schedule L, Part IV   | 28b  |     | <u>X</u> |
|      | c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |     | X        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   | Х   |          |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30   |     | х        |
| 31   |   | 31   |     | Х        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |     | X        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |     | _X_      |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34   |     | X        |
| 35   | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35   |     | X        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36   |     | X        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |     | X        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38   | Х   |          |
| BAA  | 4   | Form | 990 | (2009)   |

amounts due or received from them ).

20-4830357 Form 990 (2009) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 1 a 6 Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 6 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 36 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes.' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 52 X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c Х 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2009) BAA

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

11 b

12a

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| sec  | tion A.                 | Governing  | Body an                        | <u>d Mana</u>          | <u>gement</u>              | <u> </u>            |                       |                    |                        |                         |            |                     |                          |                 |               |  |        |
|------|-------------------------|--|--------------------------------|------------------------|----------------------------|---------------------|-----------------------|--------------------|------------------------|-------------------------|------------|---------------------|--------------------------|-----------------|---------------|--|--------|
|      |                         |  |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          | _               |               | Yes                                    | No     |
| 1 a  | Enter the               | e number of vot  | ting membe                     | rs of the              | governing                  | g body              | 4                     |                    |                        |                         | <u> 1a</u> |                     |                          | 13              | .             |  |        |
| t    | Enter the               | e number of vo   | ting membe                     | ers that ar            | e indepen                  | ndent               |                       |                    |                        |                         | _ 1b       |                     |                          | 13              | ^             |  |        |
| 2    | Did any                 | officer, director<br>lirector, trustee                 | r, trustee, or                 | key emp                | loyee hav                  | ve a fa             | amıly re              | elationsh          | nip or a               | business i              | relatioi   | nship wi            | th any of                | her             | 2             |  | Х      |
| 3    | Did the d               | organization del                                       | legate contr                   | ol over m              | nanageme                   | ent duti            | ties cus              | stomarily          | y perfori              | med by or               | under      | the dire            | ect super                | vision          |               |  |        |
|      | of officer              | s, directors or  | trustees, or                   | key emp                | loyees to                  | a man               | nageme                | ent com            | pany or                | other pers              | son?       |                     |                          | -               | 3             | Х                                      | X      |
| 4    |                         | organization ma<br>e prior Form 99                     |                                |                        | SEE SC                     | _                   | -                     | юпат оо            | cument                 | s                       |            |                     |                          | }               | 4             | Λ                                      |        |
| 5    |                         | organization be  |                                | -                      | -                          |                     | aterial d             | diversion          | n of the               | organızatı              | on's a     | ssets?              |                          |                 | 5             |  | Х      |
| 6    | Does the                | organization h   | nave membe                     | ers or sto             | ckholders <sup>2</sup>     | 37                  |                       |                    |                        |                         |            |                     |                          |                 | 6             |  | Х      |
| 7 a  | Does the governin       | e organization h<br>g body?                            | nave membe                     | ers, stock             | holders, o                 | or othe             | er perso              | ons who            | may el                 | ect one or              | more       | membe               | rs of the                |                 | 7a            |  | х      |
| ŀ    | Are any                 | decisions of the                                       | e governing                    | body sub               | ject to ap                 | pproval             | al by me              | embers,            | stockho                | olders, or              | other p    | persons             | ?                        |                 | 7b            |  | X      |
| 8    | Did the o               | organization coi<br>wing                               | ntemporane                     | ously doo              | cument the                 | ne mee              | etings h              | eld or v           | vritten a              | ctions und              | dertake    | en durin            | g the yea                | ir by           |               | ************************************** |        |
| ā    | The gove                | erning body?   |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          |                 | 8a            | _X_                                    |        |
| i    | Each cor                | mmittee with au  | uthority to a                  | ct on beh              | alf of the                 | gover               | rning bo              | ody?               |                        |                         |            |                     |                          |                 | 8b            | X                                      |        |
| 9    | Is there                | any officer, dire                                      | ector or trus                  | tee, or ke             | ey employ                  | yee list<br>names   | ted in P              | Part VII,          | Section                | A, who c                | annot      | be reac             | hed at th                | e               | 9             |  | х      |
| Sec  |                         |  | (This Sec                      |                        |                            |                     |                       |                    |                        |                         | reau       | ired by             | the In                   | ternal          |               |  | ••     |
| Reve | enue Code               |  | <u> </u>                       |                        | •                          |                     |                       |                    | •                      |                         | •          |                     |                          |                 |               |  |        |
|      |                         |  |                                |                        |                            |                     |                       |                    |                        |                         |            | -                   |                          |                 |               | Yes                                    | No     |
| 10 a | Does the                | organization h   | nave local ch                  | hapters, t             | oranches,                  | or affi             | filiates?             |                    |                        |                         |            |                     |                          |                 | 10 a          |  | Х      |
| ŀ    | If 'Yes,' and bran      | does the organ<br>iches to ensure                      | iization have<br>e their opera | e written pations are  | oolicies ar<br>consister   | nd prod<br>nt with  | cedures               | s gover            | ning the<br>organiza   | activities              | of suc     | ch chapt            | ers, affılı              | ates,           | 10b           |  |        |
|      |                         | organization pr  |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          |                 | 11            |  | Х      |
| 11/  | A Describe              | ın Schedule O  | the proces                     | s, if any,             | used by th                 | the org             | ganızatı              | on to re           | eview thi              | s Form 99               | 90 S       | SEE SC              | CHEDUL                   | ΕO              | <b>*</b> **** | 3444<br>4                              | 35     |
| 12   | Does the                | organization h   | nave a writte                  | en conflic             | t of intere                | est poli            | icy? If '             | 'No,' go           | to line                | 13                      |            |                     |                          |                 | 12a           | Х                                      |        |
| ŧ    | Are offic<br>to conflic | ers, directors o                                       | or trustees, a                 | and key e              | mployees                   | s requii            | ired to d             | disclose           | e annual               | ly interest             | s that     | could gı            | ve rise                  |                 | 12b           | х                                      |        |
| (    | Does the                | organization re<br>O how this is                       | egularly and                   | d consiste             | ently moni                 | iitor and           | nd enfor              | rce com            | pliance                | with the p              | olicy?     | If 'Yes,            | ' describe               | e in            | 12c           | Х                                      |        |
| 13   | Does the                | organization h   | nave a writte                  | en whistle             | blower po                  | olicy?              |                       |                    |                        |                         |            |                     |                          |                 | 13            |  | X      |
| 14   | Does the                | organization h   | nave a writte                  | en docum               | ent retent                 | tion an             | nd destr              | ruction            | policy?                |                         |            |                     |                          |                 | 14            |  | Х      |
| 15   | Did the persons,        | process for detection                                  | ermining coi<br>data, and c    | mpensation<br>ontempor | on of the faneous su       | followi<br>ubstan   | ing pers              | sons inc           | clude a i<br>deliberat | review and              | d appre    | oval by             | ındepend                 | lent            | , ]           | £ 2                                    | 4      |
|      |                         | inization's CEO  |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          | ſ               | 15a           | Х                                      |        |
| ı    | Other of                | ficers of key en                                       | nployees of                    | the organ              | nization                   | SEE                 | SCHE                  | EDULE              | 0                      |                         |            |                     |                          |                 | 15b           | Х                                      |        |
|      | If 'Yes' to             | o line 15a or 15                                       | 5b, describe                   | the proc               | ess in Sch                 | hedule              | e O (Se               | ee instri          | uctions.)              | )                       |            |                     |                          | Γ               | \$0°° *       | e\$                                    | , , ,  |
| 16 a | Did the dentity du      | organization inviring the year?                        | vest in, cont                  | ribute ass             | sets to, or                | r partic            | cıpate ır             | n a join           | t venture              | e or sımıla             | ar arrai   | ngemen              | t with a t               | axable          | 16a           |  | Х      |
| ŀ    | in joint v              | has the organiz<br>enture arrange<br>ith respect to si | ements unde                    | er applical            | ten policy<br>ble federa   | or pro<br>al tax la | ocedure<br>law, and   | requiri<br>d taken | ng the c               | organizatio<br>safeguar | on to e    | valuate<br>organiza | its partic<br>ition's ex | ipation<br>empt | 16Ь           | · · ·                                  |        |
| Sec  |                         | Disclosure   |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          |                 |               |  |        |
|      |                         | states with which                                      |                                | f this Forr            | n 990 is re                | reauire             | ed to be              | filed >            | - WA                   |                         |            |                     |                          |                 |               |  |        |
|      | Section (               | 5104 requires a<br>on Indicate how                     | an organizat<br>w you make     | ion to ma<br>these av  | ike its For<br>ailable. Ch | rms 10<br>heck a    | 023 (or<br>all that a | 1024 ıf<br>apply   | applicat               | ole), 990,              | and 99     | 90-T (50            | 1(c)(3)s                 | only) av        | ailable       | e for p                                | oublic |
|      |                         | website  | _                              | ther's wel             |                            |                     | ۰۰۰ سے                | on requ            |                        |                         |            |                     |                          |                 |               |  |        |
|      |                         | in Schedule O<br>its available to                      |                                |                        |                            |                     |                       |                    |                        |                         |            |                     |                          |                 |               |  | incial |
|      |                         | name, physica<br><u>HAYS_451</u>                       |                                |                        |                            |                     |                       |                    |                        |                         |            |                     | ords of t                | he orga         | nızatı        | on<br>_                                |        |
|      |                         |  |                                |                        |                            |                     |                       | <del>-</del>       |                        | · - <del>-</del>        |            | - <b></b>           |                          |                 |               |  |        |

Page 7

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee

| (A)                 | (B)           |                                |                       | (       | c)           |                              | -      | (D)  | (E)   | (F)   |
|---------------------|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| Name and Title      | Average hours |                                | ition (               | _       |              | hat app                      |        | Reportable compensation from                             | Reportable  | Estimated   |
|                     | per week      | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from<br>the organization<br>(W-2/1099-MISC) | compensation from<br>related organizations<br>(W-2/1099-MISC) | amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| SCOTT D BROCKWAY    |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DOMINIC S.N. DECARO |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUZY DIX            |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| J. ROBERT DURGAN    |               |                                |                       |         |              |                              |        |  | -   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL G HAWKINS      |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WILLIAM R. HAWLEY   |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 2             | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNIFER A LUCKE    |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | ] 1           | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANNI RYAN MEYER     |               |                                |                       |         |              |                              |        |  |   | <u>-</u>  |
| BOARD MEMBER        | ]_ 1          | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROBERT L. MORGAN    |               |                                |                       |         |              |                              |        | , ,  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| R. TERRY NEAL       |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARCUS OURADA       |               |                                |                       |         |              |                              |        |  |   | <del></del> _   |
| BOARD MEMBER        | _ 1           | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DR JAMES F. QUIGLEY |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ED_WSONNEBORN_III   |               |                                |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER        | 1             | X                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|                     |               |                                |                       |         |              |                              |        |  |   |   |
|                     |               |                                |                       |         |              |                              |        |  |   |   |
|                     |               |                                |                       |         |              |                              |        |  |   |   |
|                     |               |                                |                       |         |              |                              |        |  | -   |   |

| Part VII   Section A. Officers, Directors, Trus  |                             | \ey                   | EIT    |         |             | es,                          | and      |   |  | T  |
|--|-----------------------------|-----------------------|--------|---------|-------------|------------------------------|----------|---|--|--|
| , (A)  | (B)<br>Average              | Posi                  | tion ( |         | C)<br>kallt | hat a                        | noly)    | (D)   | (E)  | (F)  |
| Name and Title   | hours<br>per week           |                       |        | Officer |             | Highest compensated employee |          | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   | _  |  |
|  |                             |                       |        |         |             | _                            |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
| 1 b Total  |                             |                       |        |         |             |                              | <b>•</b> | 0.  | 0.   | 0  |
| 2 Total number of individuals (including but not limite from the organization ► 0  | d to tho                    | se li                 | isted  | d ab    | ove)        | ) wh                         | o re     | ceived more than  | \$100,000 in repor   | table compensation   |
| <ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translations.</li> </ul> | <i>ndıvıdua</i><br>portable | a <i>l</i><br>e coi   | mpe    | ensa    | tion        | and                          | l oth    | er compensation   | from   | 3 X  |
| 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc  | ompens<br>hedule            | satio<br><i>J for</i> | n fr   | om a    | any<br>erso | unre<br>n                    | elate    | ed organization fo  | r services   | 5 X  |
| Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization   | ted inde                    | pen                   | den    | t cor   | ntra        | ctors                        | s tha    | it received more t  | han \$100,000 of   |  |
| (A) Name and business addres   | ss                          |                       |        |         |             |                              |          | ( <b>B</b><br>Description (                                   | )<br>of Services   | (C)<br>Compensation  |
|  |                             |                       |        |         |             |                              | _        |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
|  |                             |                       |        |         |             |                              |          |   |  |  |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶   |                             | lımı                  | ited   | to ti   | hose        | e list                       | ed a     | above) who receiv   | ed more than   |  |

| Par   | t VIII   Statement of Revenue  |             |                             |  |  |   |
|---|--|-------------|-----------------------------|--|--|---|
|   | •  |             | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS<br>AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns.  b Membership dues  c Fundraising events  d Related organizations.  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above.  g Noncash contribns included in lns 1a-1f*  h Total. Add lines 1a-1f | 97.         | 2,923,597.                  | ,                                      |  |   |
|   | Business Co  | <u>.</u>    | 2, 323, 331.                |  | · · · ·  |   |
| PROGRAM SERVICE REVENUE                                   | 2a FARM INCOME b   |             | 38,744.                     | 38,744.                                |  |   |
| SERV  | d  |             |                             |  |  |   |
| Σ   | e  |             |                             |  |  |   |
| 20GR  | f All other program service revenue  |             | 30 744                      |  |  |   |
| -   | g Total. Add lines 2a-2f   | <b>&gt;</b> | 38,744.                     |  |  |   |
|   | <ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond procee</li> </ul>  | •           | 370,442.                    |  |  | 370,442.  |
|   | 5 Royalties (i) Real (ii) Persor   |             |                             |  |  |   |
|   | 6a Gross Rents  b Less. rental expenses  | 181         |                             |  |  |   |
|   | c Rental income or (loss) 25, 152.   |             |                             |  |  |   |
|   | d Net rental income or (loss)  | <b></b>     | 25,152.                     | 25,152.                                |  |   |
|   | 7a Gross amount from sales of assets other than inventory  (i) Securities  (ii) Othe  (ii) Othe  | r           | 20,102.                     | 20, 202.                               |  |   |
|   | b Less cost or other basis and sales expenses  c Gain or (loss)  9,135,147.  -2334795.   |             |                             |  |  |   |
|   |  | <b>&gt;</b> | 2 224 705                   | 2 224 705                              |  |   |
|   | d Net gain or (loss)   |             | -2,334,795.                 | -2,334,795.                            |  | <del> </del>  |
| /ENUE   | 8a Gross income from fundraising events (not including \$  |             | •                           |  |  |   |
| RE  | See Part IV, line 18 a 43,4  | 138.        |                             |  |  |   |
| OTHER REVEN   | b Less direct expenses b 23,0  |             |                             |  |  |   |
| 0   | c Net income or (loss) from fundraising events   | <b></b>     | 20,406.                     | 20,406.                                |  |   |
|   | 9a Gross income from gaming activities<br>See Part IV, line 19   |             |                             |  |  |   |
|   | b Less direct expenses b   |             |                             |  |  |   |
|   | c Net income or (loss) from gaming activities  | <b>•</b>    |                             |  |  |   |
|   | 10 a Gross sales of inventory, less returns and allowances   |             |                             |  |  |   |
|   | <b>b</b> Less cost of goods sold <b>b</b>  |             |                             |  |  | , ]   |
| 1   | c Net income or (loss) from sales of inventory   |             | -                           |  |  |   |
|   | Miscellaneous Revenue Business Co  | ode         | 001                         | 1                                      |  |   |
|   | 11a MISCELLANEOUS  |             | 991.                        |  |  | 991.  |
|   | b  |             |                             |  |  |   |
|   | d All other revenue  |             |                             |  |  |   |
|   | d All other revenue  | <b>•</b>    | 991.                        |  |  | <del> </del>  |
|   | e Total. Add lines 11a-11d   | -           |                             | -2 250 402                             | 0.   | 371 422   |
|   | 12 Total revenue. See instructions   |             | 1,044,33/.                  | -2,250,493.                            | U.   | 371,433.  |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do i     | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b> Fundraising expenses |
|----------|--|-----------------------|------------------------------|-------------------------------------|----------------------------------|
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                              |                                     |                                  |
| 2        | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 1,476,540.            | 1,476,540.                   |                                     |                                  |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                              |                                     |                                  |
| 4        | Benefits paid to or for members  |                       |                              |                                     | *- *-                            |
| 5        | Compensation of current officers, directors, trustees, and key employees   | 0.                    | 0.                           | 0.                                  | 0.                               |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                           | 0.                                  | 0.                               |
| 7        | Other salaries and wages   | 172,800.              |                              | 79,401.                             | 93,399.                          |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 6,173.                |                              | 6,173.                              |                                  |
| 9        | Other employee benefits  | 20,963.               |                              | 15,815.                             | 5,148.                           |
| 10       | Payroll taxes  | 13,557.               |                              | 6,378.                              | 7,179.                           |
|          | Fees for services (non-employees)  | , ,                   |                              | ,                                   | <u>,</u>                         |
|          | a Management   |                       |                              |                                     |                                  |
| 1        | Legal  | 35,275.               |                              | 35,275.                             |                                  |
| (        | Accounting [   | 24,192.               |                              | 24,192.                             |                                  |
| (        | <b>i</b> Lobbying  |                       |                              |                                     |                                  |
| •        | Prof fundraising svcs See Part IV, In 17   |                       |                              |                                     |                                  |
| 1        | Investment management fees   |                       |                              |                                     |                                  |
|          | g Other  | 53,151.               |                              | 41,358.                             | 11,793.                          |
| 12       | Advertising and promotion  | 6,804.                |                              | 4,687.                              | 2,117.                           |
| 13       | Office expenses  | 1,324.                |                              | 1,156.                              | 168.                             |
| 14       | Information technology   |                       |                              |                                     |                                  |
| 15       | Royalties  | 5,510.                |                              | 4,575.                              | 025                              |
| 16       | Occupancy<br>Travel  | 5,510.                |                              | 4,5/5.                              | 935.                             |
| 17<br>18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |                                     |                                  |
| 19       | Conferences, conventions, and meetings   |                       |                              |                                     |                                  |
| 20       | Interest   |                       |                              |                                     |                                  |
| 21       | Payments to affiliates   |                       |                              |                                     |                                  |
| 22       | Depreciation, depletion, and amortization  | 16,121.               |                              | 16,121.                             |                                  |
| 23<br>24 | Insurance Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                    | 19,567.               |                              | 19,567.                             |                                  |
|          | a MSBR ADMIN SERVICES  | 93,925.               |                              | 93,925.                             |                                  |
|          | b INVESTMENT FEES  | 33,573.               |                              |                                     | 33,573.                          |
|          | c PRINTING AND PROCESSING  | 28,152.               |                              | 1,305.                              | 26,847.                          |
|          | d BUILDING AND GROUNDS   | 20,772.               |                              | 20,772.                             |                                  |
|          | e PROPERTY TAX   | 15,394.               |                              | 15,394.                             |                                  |
|          | f All other expenses.  | 34,681.               |                              | 15,219.                             | 19,462.                          |
| 25       | Total functional expenses. Add lines 1 through 24f   | 2,078,474.            | 1,476,540.                   | 401,313.                            | 200,621.                         |
| 26       | Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                              |                                     |                                  |
| BAA      |  |                       |                              | · <u>-</u>                          | Form <b>990</b> (2009)           |

Part X **Balance Sheet (B)** End of year (A) Beginning of year 204,350 1 23,391. Cash - non-interest-bearing 2 20,672 69,098. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 10,009. Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis 10a 3,182,781. Complete Part VI of Schedule D 10b 19,474. 474,034. 10 c 3,163,307. **b** Less<sup>1</sup> accumulated depreciation. 8,423,727. 8,254,641. 11 Investments - publicly-traded securities 11 12 12 Investments – other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 20,815. 15 Other assets See Part IV, line 11 15 9,122,783 11,541,261. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 65,353. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0. 26 65,353. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. 9,122,783 10,691,991. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 212,236. 29 Permanently restricted net assets 29 571,681. P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 9,122,783. 33 11,475,908. 9,122,783. 11,541,261. 34 34 Total liabilities and net assets/fund balances. BAA Form 990 (2009)

|   |    | Yes | No       |
|---|----|-----|----------|
| 1 Accounting method used to prepare the Form 990 Cash X Accrual Other   |    |     |          |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O  |    |     | <br>     |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  | 2a | Х   |          |
| b Were the organization's financial statements audited by an independent accountant?  | 2b |     | Х        |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?    | 2c | х   |          |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |    |     | <u> </u> |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both   |    |     |          |
| X Separate basis Consolidated basis Both consolidated and separate basis  |    |     | ļ        |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | 3a |     | x        |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b |     |          |

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

| Name o | f the   | organization                                |   |  |                         |   |                     |   |                      |  | ion number                          |                   |
|--------|---------|---|---|--|-------------------------|---|---------------------|---|----------------------|--|-------------------------------------|-------------------|
| MOR    | NIN     | IG STAR FOUND                               | ATION   |  |                         |   |                     |   | 20-48                | 330357                                   | 1                                   |                   |
| Parl   |         | Reason for Pul                              | olic Charity Statu  | s (All organizations   | must c                  | omple   | te this             | part.)  | See II               | nstruct                                  | ions                                |                   |
| The o  | rgar    | nization is not a priv                      | ate foundation becau  | se it is (For lines 1 throi  | ugh 11,                 | check o   | nly one             | box)  |                      |  |                                     |                   |
| 1      | $\prod$ | A church, convention                        | on of churches or asso  | ociation of churches desc  | ribed in                | section   | 170(b)              | (1)(A)(i).                                    |                      |  |                                     |                   |
| 2      | П       | A school described                          | in section 170(b)(1)(A  | A)(ii). (Attach Schedule E   | Ξ)                      |   |                     |   |                      |  |                                     |                   |
| 3      | П       | A hospital or coope                         | rative hospital service   | organization described   | ın sectio               | on 170(t  | )(A)(i              | iii).   |                      |  |                                     |                   |
| 4      | _       |   | ·   | d in conjunction with a h  |                         |   |                     |   | )(b)(1)(A            | <b>)(iii)</b> . Er                       | iter the hospital                   | 's                |
|        | _       | name, city, and sta                         | -   | •  | •                       |   |                     |   |                      |  |                                     |                   |
| 5      |         | An organization ope<br>170(b)(1)(A)(iv). (C | erated for the benefit complete Part II)                                  | of a college or university   |                         |   |                     |   | nmental              | unit de:                                 | scribed in <b>sectio</b>            | >n                |
| 6<br>7 | Н       | An organization tha                         | it normally receives a  | governmental unit describ<br>substantial part of its su  |                         |   |                     |   | or from              | the ger                                  | neral public desc                   | cribed            |
| 8      | $\Box$  |   | <b>(A)(vi).</b> (Complete Pa<br>described in <b>section</b> 1             | art 11 )<br>I <b>70(b)(1)(A)(vi).</b> (Complet   | te Part I               | l.)   |                     |   |                      |  |                                     |                   |
| 9      | X       | An organization that                        | normally receives (1) i   | more than 33-1/3 % of its s  | support f               | rom cont  | ributions           | , memb  | ership fe            | es, and o                                | gross receipts                      |                   |
|        |         | investment income                           | d to its exempt function<br>and unrelated busine<br>section 509(a)(2). (C | s – subject to certain exce<br>ss taxable income (less<br>omplete Part III.)                         | eptions, a<br>section ! | and (2) n<br>511 tax)                               | o more t<br>from bi | han 33-<br>usinessi                           | 1/3 % of<br>es acqui | its supported by the                     | ort from gross<br>ne organization   | after             |
| 10     |         | An organization org                         | ganized and operated  | exclusively to test for pu   | iblic safe              | ety See   | section             | 509(a)  | (4).                 |  |                                     |                   |
| 11     | _       | more publicly supp                          | orted organizations d   | exclusively for the benef<br>lescribed in section 509(a<br>ration and complete lines                 | a)(1) or :              | section   | 509(a)(2            | ctions o<br>2) See                            | of, or ca<br>section | rry out tl<br><b>509(a)(3</b>            | ne purposes of c<br>). Check the bo | one or<br>ox that |
|        |         | a Type I                                    | <b>b</b> Type II  | c ☐ Type III   |                         |   |                     | ed  |                      | dП                                       | Type III - Othe                     | er                |
| е      |         | By checking this bo                         | بر الصابية.<br>x I certify that the or                                    | ganization is not controll<br>n one or more publicly s   | ed direc                | tly or in   | directly            | hv one  | or more<br>ed in see | disqual<br>ction 509                     | ified persons of                    | ther              |
| f      |         |   | received a written det  | ermination from the IRS  | that is a               | Type I  | Type II             | or Typ  | e III sup            | porting                                  | organization,                       |                   |
| g      |         |   | 006. has the organiza   | tion accepted any gift o   | r contrib               | ution fro   | om any              | of the fo                                     | ollowing             | persons                                  | ;7                                  |                   |
| 9      |         | <b>,</b> -                                  | <b>,</b>  | , , , ,  |                         |   | ,                   |   | J                    | •  | Yes                                 | No                |
|        |         | (i) a person who below, the go              | directly or indirectly overning body of the s                             | controls, either alone or upported organization?   | together                | with pe   | rsons d             | escribed                                      | (II) ni b            | and (III)                                | 11 g (i)                            |                   |
|        |         | (ii) a family mem                           | ber of a person desc  | cribed in (i) above?   |                         |   |                     |   |                      |  | 11 g (ii)                           | T                 |
|        |         | (iii) a 35% contro                          | lled entity of a person   | described in (i) or (ii) a   | bove?                   |   |                     |   |                      |  | 11 g (iii)                          |                   |
| h      |         | , ,   |   | the supported organization   |                         |   |                     |   |                      |  |                                     |                   |
|        |         | ) Name of Supported<br>Organization         | (ii) EIN  | (III) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | (iv) lorganizat         | Is the<br>ion in cold<br>in your<br>irning<br>ment? | the organ           | ou notify<br>lization in<br>(i) of<br>upport? | lorganizat           | s the<br>ion in col<br>zed in the<br>S ? | (vir) Amount of Su                  | ipport            |
|        |         |   |   |  | Yes                     | No  | Yes                 | No  | Yes                  | No                                       |                                     |                   |
|        |         | -   |   |  |                         | _   |                     |   |                      |  |                                     |                   |
|        |         |   |   |  |                         |   |                     |   |                      |  |                                     |                   |
|        |         |   |   |  |                         |   |                     |   |                      |  |                                     |                   |
|        |         |   |   |  |                         |   |                     |   |                      |  |                                     |                   |
|        |         |   |   |  |                         |   |                     |   |                      |  |                                     |                   |
|        |         |   |   |  |                         |   |                     | -   |                      |  |                                     |                   |

|            | (Complete only if you check   | •                                       |   |                                   |                     |               | - <del>// //</del> | ·/                        |
|------------|---|---|---|-----------------------------------|---------------------|---------------|--------------------|---------------------------|
| Sec        | tion A. Public Support  |   |   |                                   |                     |               |                    |                           |
| begi       | ndar year (or fiscal year<br>nning in) ►  | (a) 2005                                | (b) 2006                                | (c) 2007                          | (d) 2008            | (e) 200       | )9                 | (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)           |   |   |                                   |                     |               |                    |                           |
|            | Public support. Subtract line 5 from line 4   |   |   |                                   | :                   |               |                    |                           |
| <u>Sec</u> | tion B. Total Support   |   |   | <del></del>                       | T                   | <del>,</del>  |                    |                           |
|            | ndar year (or fiscal year<br>nning in) ►  | (a) 2005                                | (b) 2006                                | (c) 2007                          | (d) 2008            | (e) 200       | 9                  | (f) Total                 |
| 7          | Amounts from line 4   |   |   |                                   |                     |               |                    |                           |
| 8          | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income form<br>similar sources  |   |   |                                   |                     |               |                    |                           |
| 9          | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |   |   |                                   |                     |               |                    |                           |
| 10         | Other income Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part IV)  |   |   |                                   |                     |               |                    |                           |
| 11         | <b>Total support.</b> Add lines 7 through 10  |   |   |                                   |                     |               |                    |                           |
| 12         | Gross receipts from related activ   | rities, etc (see in                     | structions)                             |                                   |                     |               | 12                 |                           |
|            | First five years. If the Form 990 organization, check this box and  | stop here                               |   | and, third, fourth,               | or fifth tax year a | s a section   | 501(c)             | (3)                       |
|            | tion C. Computation of Pu   |   |   |                                   |                     |               |                    |                           |
|            | Public support percentage for 20  | •                                       | • | ne 11, column (f)                 |                     |               | 14                 | <u>%</u>                  |
| 15         | Public support percentage from  | ∠∪∪8 Schedule A                         | , rart II, line 14                      |                                   |                     |               | 15                 | <u></u>                   |
| 16 a       | a 33-1/3 support test – 2009. If the and stop here. The organization  |   |   |                                   | d the line 14 is 33 | 3-1/3 % or m  | ore, c             | heck this box ►           |
| I          | 33-1/3 support test — 2008. If the and stop here. The organization  | e organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13, or 16<br>organization | a, and line 15 is 3 | 33-1/3% or n  | nore, c            | theck this box            |
| 17 a       | a 10%-facts-and-circumstances to<br>or more, and if the organization<br>the organization meets the 'fact  | meets the 'facts-                       | and-circumstance                        | es' test, check this              | s box and stop he   | re. Explain i | ın Part            | IV how                    |
| ı          | o 10%-facts-and-circumstances to<br>or more, and if the organization<br>organization meets the 'facts-an  | meets the 'facts-                       | and-circumstance                        | es' test, check this              | s box and stop he   | re. Explain   | ın Part            | e 15 is 10%<br>IV how the |
| 18         | Private foundation. If the organ  | zation did not ch                       | eck a box on line                       | , 13, 16a, 16b, 17                |                     |               |                    |                           |
| BAA        | •   |   |   |                                   | Sc                  | chedule A (F  | orm 9              | 90 or 990-EZ) 2009        |

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

|  | (Complete only if you ched   | cked the box on lir  | ne 9 of Part I)  |  |   |  |   |  |
|--|--|--|--|--|---|--|---|--|
| Sect                                     | tion A. Public Support   |  |  |  |   |  |   |  |
|  | dar year (or fiscal yr beginning in)►  | (a) 2005   | <b>(b)</b> 2006  | (c) 2007   | (d) 2008  | (e) 2009                                   | -   | (f) Total  |
|  | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')  |  | 11,451.  | 157,479.   | 136,560.  | 2,923,59                                   | 97.   | 3,229,087.   |
| 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   |  |  |  |   | 38,74                                      | 44.   | 38,744.  |
| 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.   |
|  | Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified  | 0.   | 11,451.  | 157,479.   | 136,560.  | 2,962,3                                    | 41.   | 3,267,831.   |
| b  | persons Amounts included on lines 2 and 3 received from other than   | 0.   | 0.   | 0.   | 0.  |  | 0.  | 0.   |
|  | 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.)   |  |  |  |   |  |   | 3,267,831.   |
| Sec                                      | tion B. Total Support  |  |  |  |   |  |   |  |
|  |  |  | <del></del>  |  |   |  |   |  |
|  | ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006  | (c) 2007   | (d) 2008  | <b>(e)</b> 2009                            | -   | (f) Total  |
| Cale<br>9                                | ndar year (or fiscal yr beginning in) Amounts from line 6.   | <b>(a)</b> 2005  | <b>(b)</b> 2006 11, 451.   | (c) 2007<br>157, 479.  | (d) 2008<br>136, 560.   | (e) 2009<br>2, 962, 3                      | -   | (f) Total<br>3, 267, 831.  |
| Cale<br>9                                | ndar year (or fiscal yr beginning in)  |  | 11,451.  | 157,479.   | 136,560.  | 2,962,34                                   | 41.   | 3,267,831.   |
| Cale<br>9<br>10 a                        | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 0.   | 11,451.  | 1,731.   | 136,560.<br>88,645.   | 395,5                                      | 94.   | 3,267,831.<br>486,120.<br>0.   |
| Cale<br>9<br>10 a                        | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.   |  | 11,451.  | 157,479.   | 136,560.  | 2,962,34                                   | 94.   | 3,267,831.<br>486,120.   |
| Cale<br>9<br>10 a                        | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 0.   | 11,451.  | 1,731.   | 136,560.<br>88,645.   | 395,5                                      | 94.   | 3,267,831.<br>486,120.<br>0.   |
| Cale<br>9<br>10 a                        | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is  | 0.   | 11,451.<br>150.  | 1,731.   | 136,560.<br>88,645.   | 395,5                                      | 94.   | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.                           |
| Cale 9 10 a 11 12 13                     | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV.   | 0.   | 11,451.<br>150.<br>150.<br>65,149.   | 1,731.<br>1,731.   | 88,645.<br>88,645.  | 395,59<br>395,59                           | 94.<br>94.                                    | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.             |
| Cale 9 10 a 11 11 12 13 14               | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and  | 0.  0.  s for the organization here  | 11,451.<br>150.<br>150.<br>65,149.   | 1,731.<br>1,731.   | 88,645.<br>88,645.  | 395,59<br>395,59                           | 94.<br>94.                                    | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.             |
| Cale 9 10 a 11 12 13 14 Sec              | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV.  Total support. (add lns 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.  | 0.  0.  s for the organization here  blic Support P  | 11, 451.  150.  150.  65, 149.  ation's first, seconercentage  | 1,731.<br>1,731.   | 88,645.<br>88,645.  | 395,59<br>395,59                           | 94.<br>94.                                    | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.             |
| Cale 9 10 a  11  12  13 14  Sec 15       | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV.  Total support. (add lins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.  | o.  Is for the organization here  blic Support P  009 (line 8, column  | 11, 451.  150.  150.  65, 149.  ation's first, secon  ercentage  n (f) divided by line   | 1,731.<br>1,731.   | 88,645.<br>88,645.  | 395,59<br>395,59                           | 94.<br>94.<br>01(c)                           | 3,267,831.  486,120.  0. 486,120.  65,149.  44,429. 3,863,529.  (3)  ▶  X                |
| Cale 9 10 a b c c 11 12 13 14 Sec 15 16  | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from   | o.  Is for the organizate stop here  blic Support P  009 (line 8, column 2008 Schedule A,  | 11,451.  150.  150.  65,149.  ation's first, secon  ercentage  (f) divided by line Part III, line 15   | 1,731.<br>1,731.   | 88,645.<br>88,645.  | 395,59<br>395,59                           | 94.<br>94.                                    | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.<br>(3) ►  X |
| Cale 9 10 a 11 12 13 14 Sec 16 Sec       | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitor 10 security 10 secur | o.  Is for the organizated stop here  blic Support P  009 (line 8, columnated solumnated | 11, 451.  150.  150.  65, 149.  ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage   | 1,731.  1,731.  d, third, fourth, ce 13, column (f))   | 136, 560.<br>88, 645.<br>88, 645.   | 395,59<br>395,59                           | 94.<br>94.<br>01(c)                           | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.<br>(3) ►  X |
| 11 12 13 14 Sec 15 16 Sec 17             | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from thouse mention D. Computation of Investment income percentage for   | o.  Is for the organizated stop here  blic Support P  009 (line 8, column 2008 Schedule A, vestment Income for 2009 (line 10c,   | 11, 451.  150.  150.  65, 149.  etion's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided   | 1,731.  1,731.  1,731.  d, third, fourth, column (f))  | 136, 560.<br>88, 645.<br>88, 645.   | 395,59<br>395,59                           | 94.<br>94.<br>29.<br>01(c)                    | 3,267,831.<br>486,120.<br>0.<br>486,120.<br>65,149.<br>44,429.<br>3,863,529.<br>(3) ►  X |
| 11 12 13 14 Sec 17 18                    | Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV.  Total support. (add ins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support percentage from 1 investment income percentage for 133-1/3 support tests — 2009. If the   | o.  Is for the organizated stop here  blic Support P  009 (line 8, column 2008 Schedule A, restment Income for 2009 (line 10c, from 2008 Schedule organization did not 10c)  | 11, 451.  150.  150.  65, 149.  etion's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on lie  | 1,731.  1,731.  1,731.  d, third, fourth, column (f))  by line 13, column (f)  1 by line 13, column (f)  | 136, 560.  88, 645.  88, 645.  or fifth tax year a  | 395,59 395,59 395,59                       | 94.<br>94.<br>29.<br>01(c)<br>15<br>16        | 3,267,831.  486,120.  0. 486,120.  65,149.  44,429. 3,863,529.  (3)  ▶  X   %  %         |
| Cale 9 10 a 11 12 13 14 Sec 17 18 19 a 1 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20.  Public support percentage from threstment income percentage for 10.   | o.  Is for the organizated stop here  blic Support P  09 (line 8, column  2008 Schedule A,  vestment Income for 2009 (line 10c, from 2008 Schedul  organization did not book and stop here he organization dik this box and stop   | 11, 451.  150.  150.  150.  65, 149.  ercentage  (f) divided by line Part III, line 15  ne Percentage column (f) divided le A, Part III, line check the box on line The organization de not check a box on here. The organization of the organization of the check and the check and the organization of the check and the organization of the organization of the check and the organization of the organizatio | 1,731.  1,731.  1,731.  d, third, fourth, of the 13, column (f))  by line 13, column (f)  re 14, and line 15 qualifies as a pure on line 14 or 19 azation qualifies as | 136, 560.  88, 645.  88, 645.  or fifth tax year a  mn (f)).  ss more than 33-1/3 blicly supported a, and line 16 is is a publicly supp | 395,59 395,59 395,59 395,59 3962,34 395,59 | 94.  94.  29.  01(c)  15  16  17  18  7 is no | 3,267,831.  486,120.  0. 486,120.  65,149.  44,429. 3,863,529.  (3) ►  X   % % % % 11 ►  |

| Schedule A   | (Form 990               | or 990-EZ)              | 2009            | MORNING                  | STAR        | FOUN             | DATION               |                                  | 20-483035                              | 7 Page <b>4</b>              |
|--------------|-------------------------|-------------------------|-----------------|--------------------------|-------------|------------------|----------------------|----------------------------------|--|------------------------------|
| Pari IV      | Supplem<br>Part II, III | ental Info<br>ne 17a or | ormat<br>r 17b; | ion. Compl<br>and Part I | ete this    | s part<br>12. Pr | to provide ovide any | the explanation other additional | s required by Part<br>information. See | II, line 10;<br>nstructions. |
|              | •                       |                         | · ·             |                          |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 |                          | ·           |                  | <del>-</del>         | · <del></del>                    | <b>-</b>                               |                              |
|              | - <del>-</del>          |                         |                 |                          |             | <b></b>          |                      |                                  | <b>-</b>                               |                              |
|              | ·                       |                         | - <b></b> -     |                          |             |                  |                      | · <b></b>                        |  |                              |
|              | - <b>-</b>              |                         |                 |                          |             |                  |                      | <b></b>                          | <b></b>                                | · <b></b>                    |
| <del>-</del> |                         |                         |                 |                          |             | - <b>-</b> -     |                      | · <b></b>                        |  | · <b>-</b>                   |
| <del>-</del> | <del>-</del>            |                         |                 |                          |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             | - <del>-</del> - |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             |                  | <b>-</b> -           |                                  |  | <del>-</del>                 |
|              |                         |                         |                 |                          |             |                  |                      |                                  | <b></b>                                |                              |
|              |                         |                         |                 |                          |             |                  |                      | · <b></b>                        | <b>-</b>                               |                              |
|              | <b>-</b>                |                         |                 |                          | . <b></b> . |                  |                      |                                  | <b>-</b>                               |                              |
|              |                         |                         |                 |                          |             |                  | <b>-</b>             |                                  |  |                              |
|              |                         |                         | <del>-</del> -  |                          |             | <del>-</del>     |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 | - <b></b>                |             |                  |                      | <b>-</b>                         |  |                              |
|              |                         |                         |                 |                          |             |                  |                      | · <b></b>                        |  | · <del></del>                |
|              |                         |                         | - <del>-</del>  | <del>-</del>             |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             |                  |                      | ·                                |  |                              |
|              |                         |                         |                 |                          |             |                  |                      |                                  |  |                              |
|              |                         |                         |                 |                          |             |                  |                      |                                  | <del></del>                            |                              |
|              |                         |                         |                 |                          | - <b></b> - |                  |                      |                                  |  | <b>-</b>                     |
|              |                         |                         |                 |                          |             |                  | <b>-</b>             | . <b></b>                        |  | <del>-</del>                 |
|              |                         |                         |                 |                          |             |                  |                      | <b></b>                          |  |                              |
|              |                         |                         |                 |                          |             |                  |                      | <b>-</b>                         |  |                              |
|              |                         |                         |                 |                          |             |                  |                      |                                  |  |                              |
|              | - <b>-</b>              |                         |                 |                          |             |                  |                      | <b></b>                          |  |                              |

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection

Employer Identification number

MODNING STAR FOUNDATION

| .101 | RNING STAR FOUNDATION  |   | 20-4830357  |
|------|--|---|---|
| විත  | 記り Organizations Maintaining Donoi   | Advised Funds or Other Similar Fur  | nds or Accounts Complete if   |
|      | the organization answered 'Yes' to   | o Form 990, Part IV, line 6.  | , , , , , , , , , , , , , , , , , , ,   |
|      |  | (a) Donor advised funds   | (b) Funds and other accounts  |
| 1    | Total number at end of year  |   |   |
| 2    | Aggregate contributions to (during year)   |   |   |
| 3    | Aggregate grants from (during year)  |   |   |
| 4    | Aggregate value at end of year   |   |   |
| 5    | Did the organization inform all donors and dor funds are the organization's property, subject  | nor advisors in writing that the assets held in c   | donor advised Yes No  |
| 6    | Did the organization inform all grantees, dono used only for charitable purposes and not for   | rs, and donor advisors in writing that grant fur<br>the benefit of the donor or donor advisor or fo | nds may be<br>r any other   |
|      | purpose conferring impermissible private bene  |   | No  |
| Pa   | <b>福即 Conservation Easements</b> Comple  |   | to Form 990, Part IV, line 7.   |
| 1    |  |   |   |
|      | Preservation of land for public use (e g , r   |   | of an historically important land area  |
|      | Protection of natural habitat  | Preservation  | of certified historic structure   |
|      | Preservation of open space   |   |   |
| 2    | Complete lines 2a through 2d if the organization last day of the tax year.   | on held a qualified conservation contribution in  |   |
|      | _  |   | Held at the End of the Year   |
|      | a Total number of conservation easements   |   | 2a  |
|      | b Total acreage restricted by conservation ease  |   | 2 b   |
|      | c Number of conservation easements on a certi  | • •   | 2c  |
|      | d Number of conservation easements included i  |   | 2d  |
| 3    | Number of conservation easements modified,   | transferred, released, extinguished, or termina   | ated by the organization during the tax   |
| 4    | Number of states where property subject to co  | onservation easement is located >   |   |
| 5    | Does the organization have a written policy re and enforcement of the conservation easement  | garding the periodic monitoring, inspection, hat it holds?  | andling of violations, Yes No   |
| 6    | during the year ►  |   |   |
| ,    | Amount of expenses incurred in monitoring, in during the year >  | nspecting, and enforcing conservation easeme  | \$  |
| 8    | Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | n line 2(d) above satisfy the requirements of s   | ection Yes No   |
| 9    | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements                             | to the organization's financial statements that   | describes the organization's accounting for   |
| Pa   | Organizations Maintaining Colle<br>Complete if the organization ans  | ctions of Art, Historical Treasures, o<br>wered 'Yes' to Form 990, Part IV, line                    | or Other Similar Assets<br>e 8.   |
| 1    | a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements. | lic exhibition, education, or research in further   |   |
|      | b If the organization elected, as permitted unde<br>treasures, or other similar assets held for pub<br>amounts relating to these items                 | r SFAS 116, to report in its revenue statement<br>lic exhibition, education, or research in further | t and balance sheet works of art, historical rance of public service, provide the following |
|      | (i) Revenues included in Form 990, Part VIII,  | line 1  | <b>▶</b> \$<br><b>▶</b> \$  |
|      | (ii) Assets included in Form 990, Part X   |   |   |
|      | If the organization received or held works of a amounts required to be reported under SFAS   | 116 relating to these items:  | for financial gain, provide the following   |
|      | a Revenues included in Form 990, Part VIII, line   | : 1   | <b>*</b> \$   |
|      | <b>b</b> Assets included in Form 990, Part X   |   | <b>-</b> \$   |

**b** Buildings c Leasehold improvements 477,221 19,474. 457,747. d Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 3,163,307.

Schedule **D** (Form 990) 2009

| Schedule D (Form 990) 2009 MORNING STAR FOUN                         |  |   | Page 3  |
|--|--|---|---------|
| Part VII Investments—Other Securities See F                          | orm 990, Part X, line 1                          |   |         |
| (a) Description of security or category (including name of security) | (b) Book value                                   | (c) Method of valuation<br>Cost or end-of-year market value |         |
| Financial derivatives  |  |   |         |
| Closely-held equity interests  |  |   |         |
| Other  |  |   |         |
|  |  |   |         |
|  | <del>                                     </del> |   |         |
|  |  |   |         |
|  | <del></del>                                      | <del></del>   |         |
| <b></b>  |  |   |         |
|  |  |   |         |
|  | -  |   |         |
| <del></del>  |  |   |         |
| Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)    |  |   |         |
| Part VIII Investments-Program Related (See                           | Form 990, Part X, line                           | 13) N/A   |         |
| (a) Description of investment type                                   | (b) Book value                                   | (c) Method of valuation Cost or end-of-year market value    |         |
|  |  | <u></u>   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
| ·  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
| Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)    |  |   |         |
| Part IX Other Assets (See Form 990, Part X,                          | -  | <u>-</u>  |         |
|  | escription                                       | (b) Book valu   | ne      |
|  | ······································           |   |         |
|  |  |   |         |
| -  |  |   |         |
|  | ·  |   |         |
|  |  |   |         |
|  |  |   |         |
|  | ·  |   |         |
|  |  |   |         |
|  | <del></del>                                      |   |         |
| Total. (Column (b) must equal Form 990, Part X, col (B),             |  | <b>&gt;</b>   |         |
| (a) Description of Liability   |  |   |         |
| Federal Income Taxes   | (b) Amount                                       |   |         |
| Tederal Income Taxes   |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
|  |  |   |         |
| 2-7-17   |  |   |         |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)     |  |   |         |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote.    | otnote to the organization's f                   | inancial statements that reports the organization's li      | ability |

| Schedule D (Form 990) 2009 MORNING STAR FOUNDATION  Part XIV Supplemental Information (continued) | 20-4830357          | Page 5        |
|---|---------------------|---------------|
| Part XIV Supplemental Information (continued)   |                     |               |
| 1   |                     |               |
|   | <b></b>             |               |
|   |                     |               |
|   |                     | <b>-</b>      |
|   |                     |               |
|   | · <b>-</b>          |               |
|   | <b></b>             | - <b>-</b>    |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   | <b></b>             |               |
|   |                     |               |
|   |                     |               |
|   | . <b></b>           |               |
|   |                     |               |
|   | <b></b>             | <b>-</b>      |
|   |                     |               |
|   | ·                   |               |
|   | <b></b>             |               |
|   |                     |               |
|   | ·                   |               |
|   |                     |               |
|   |                     |               |
|   |                     | <b>-</b>      |
|   |                     |               |
|   | ·                   |               |
|   |                     |               |
|   |                     |               |
|   |                     | <del></del>   |
|   |                     |               |
|   | . – – – – – – – – . |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   | · - <b>-</b>        |               |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | <del></del>         |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   | ·                   | - <del></del> |
|   | ·                   |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |
|   |                     |               |

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2009

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Department of the Treasury Internal Revenue Service Inspection Employer identification number 20-4830357 MORNING STAR FOUNDATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (III) Did fundraiser (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control of contributions? fundraiser listed in (or retained by) or entity (fundraiser) from activity col (i) organization Yes No 0. Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| ~ ~ |     | $\sim$ | $\sim$ | ^ | ^  | _ | _ |
|-----|-----|--------|--------|---|----|---|---|
|     | 1-4 | ×      | - <    |   | ٠. | - | • |
|     |     |        |        |   |    |   |   |

Page 2

|                   |            | reported more than \$15,000 on F   | orm 990-EZ, line 6                        | a. List events with                                 | gross receipts grea      | ater than | ່ \$5,00                   | )0.          |
|-------------------|------------|--|---|---|--------------------------|-----------|----------------------------|--------------|
| R                 |            |  | (a) Event #1  TUSCANY DINNER (event type) | (b) Event #2 PASSFEST                               | (c) Other Events         | (Add col  | tal Ever<br>(a) threal (c) | nts<br>ough  |
| Ë                 |            |  | (event type)                              | (event type)  | (total number)           |           |                            |              |
| KE>E20E           | 1          | Gross receipts   | 25,100.                                   | 18,188.   |                          |           | 43,2                       | <u> 288.</u> |
| -                 | 2          | Less Charitable contributions  |   |   |                          |           |                            |              |
|                   | 3          | Gross income (line 1 minus line 2)   | 25,100.                                   | 18,188.   |                          |           | 43,2                       | 288.         |
|                   | 4          | Cash prizes  |   |   |                          |           |                            |              |
| b                 | 5          | Noncash prizes   |   |   |                          |           |                            |              |
| D-RECT            | 6          | Rent/facility costs  |   |   |                          |           |                            |              |
|                   | 7          | Food and beverages   |   |   |                          | <u> </u>  |                            |              |
| X<br>P            | 8          | Entertainment  |   |   |                          |           |                            |              |
| EXPESSES          | 9          | Other direct expenses  | 7,280.                                    | 15,511.   |                          |           | 22,7                       | <u> 791.</u> |
| S                 | 10         | Direct expense summary. Add lines 4- t   | hrough 9 in column (d)                    |   | •                        |           | 22,7                       |              |
| _                 | 11         | Net income summary Combine lines 3,  |   |   | <u> </u>                 | <u> </u>  | 20,4                       |              |
| Par               | t III      | Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a   | ation answered 'Ye                        | s' to Form 990, Par                                 | rt IV, line 19, or re    | ported m  | nore th                    | ıan          |
| REVENUE           |            |  | (a) Bingo                                 | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) Other gaming         | (Add col  | tal gamı<br>(a) thr        | ng<br>ough   |
| Ü<br>E            | 1          | Gross revenue  |   |   |                          |           |                            |              |
| D X               | 2          | Cash prizes  |   |   |                          |           |                            |              |
| D I P E N S E C T | 3          | Non-cash prizes  |   |   |                          |           |                            |              |
| ' \$              | 4          | Rent/facility costs  |   |   |                          |           |                            |              |
|                   | 5          | Other direct expenses  |   |   |                          |           |                            |              |
|                   | 6          | Volunteer labor  | Yes%                                      | Yes%  | Yes%                     |           |                            |              |
|                   | 7          | Direct expense summary Add lines 2 th  | rough 5 in column (d)                     |   | •                        |           |                            |              |
|                   | 8          | Net gaming income summary Combine  | lines 1, column (d) and                   | line 7  | •                        |           |                            |              |
| _                 |            | The second secon |   |   |                          |           | YES                        | NO           |
| 9                 |            | er the state(s) in which the organization o  |   |   |                          |           |                            |              |
|                   |            | he organization licensed to operate gamin<br>No,' explain  | g activities in each of th                | nese states?  |                          | 9         | a                          |              |
|                   |            |  |   |   |                          |           |                            |              |
|                   |            | re any of the organization's gaming licens<br>(es,' explain  | es revoked, suspended                     | or terminated during the                            | e tax year?              | 10        | a                          |              |
|                   | <u>-</u> - |  |   |   |                          |           | _                          |              |
| 11<br>12          |            | es the organization operate gaming activiti<br>he organization a grantor, beneficiary or ti  |   | ember of a partnership of                           | or other entity formed t | 11        |                            |              |
|                   | adn        | ninister charitable gaming?  |   |   |                          | 12        |                            |              |

|   |   |                                  | YES NO                                    |
|---|---|----------------------------------|---|
| 13 Indicate the percentage of gaming activity operate       | ed in:                                  |                                  |   |
| a The organization's facility                               |   | 13a %                            |   |
| <b>b</b> An outside facility                                |   | 13b %                            |   |
| 14 Enter the name and address of the person who pr          | repares the organization's gaming/sp    | ecial events books and records   |   |
|   |   |                                  |   |
| Name: •   |   |                                  |   |
|   |   |                                  |   |
| Address •   |   |                                  |   |
|   |   |                                  |   |
| 15a Does the organization have a contact with a third       |   |                                  | 15a                                       |
| <b>b</b> If 'Yes,' enter the amount of gaming revenue rece  |   | and the amount                   |   |
| of gaming revenue retained by the third party $\S$ _        |   |                                  |   |
| c If 'Yes,' enter name and address of the third party       | <i>y</i>                                |                                  |   |
|   |   |                                  |   |
| Name <sup>.</sup> •   |   |                                  | _   |
|   |   |                                  |   |
| Address   |   | <b></b>                          |   |
| 16 Common manager information                               |   |                                  |   |
| 16 Gaming manager information                               |   |                                  |   |
| Nama: ►   |   |                                  |   |
| Name: ►   |   | <del>-</del>                     |   |
| Gaming manager compensation ► \$                            |   |                                  |   |
|   |   |                                  |   |
| Description of services provided                            |   |                                  |   |
|   |   | <del></del>                      |   |
| Director/officer Employee                                   | Independent con                         | tractor                          |   |
|   | _                                       |                                  |   |
| 17 Mandatory distributions                                  |   |                                  |   |
| a Is the organization required under state law to ma        | ake charitable distributions from the o | naming proceeds to retain the    |   |
| state gaming license?                                       |   | ,g p. 555555 to 10tom. tilo      | 17 a                                      |
| <b>b</b> Enter the amount of distributions required under s |   | empt organizations or spent in t | he la |
| organization's own exempt activities during the ta          | x year: ►\$                             |                                  |   |
| BAA   | TEEA3703L 02/05/10                      | Schedule <b>G</b> (Form 9        | 990 or 990-EZ) 2009                       |

20-4830357

Page 3

Schedule G (Form 990 or 990-EZ) 2009 MORNING STAR FOUNDATION

# SCHEDULE I (Form 990)

Department of the Treasury nternal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Governments and Individuals in the United States

| 1545-0047 | 60 |
|-----------|----|
| OMB No    | 20 |

× % ⊠ (h) Purpose of grant or assistance Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number ☐ Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 20-4830357 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Partil General Information on Grants and Assistance (p) EIN Enter total number of other organizations MORNING STAR FOUNDATION 1 (a) Name and address of organization or government 1 111 Name of the organization 1 1 ١

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 20-4830357 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1,476,540. (c) Amount of cash grant MORNING STAR FOUNDATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 CONTRIBUTION Part III

BAA

Schedule I (Form 990) 2009

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990. Part IV. lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MORNING STAR FOUNDATION 20-4830357 Part I Types of Property (a) (b) (d) Revenues reported on Form 990, Check if Number of Method of determining applicable Contributions revenues Part VIII, line 1q Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities—Closely held stock Securities-Partnership, LLC, or trust interests 11 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures Qualified conservation contribution-Other 15 Real estate-Residential 16 Real estate—Commercial 2,665,749. APPRAISAL 17 Real estate-Other Х 1 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 25 26 Other ▶ 27 Other ▶ Other ▶ 28

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempurposes for the entire holding period?

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

b If 'Yes,' describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If 'Yes,' describe in Part II
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

|      | Yes | No         |
|------|-----|------------|
|      |     |            |
|      |     |            |
| 30 a |     | Х          |
|      |     |            |
| 31   |     | X          |
|      |     |            |
| 32 a |     | Х          |
|      |     |            |
|      |     |            |
|      |     |            |
|      | 31  | 30 a<br>31 |

29

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

Schedule M (Form 990) 2009

| Schedule M (Form 990) 2009 MORNING STAR FOUNDATION 20-4630337 Pag  | e z            |
|--|----------------|
| Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b and 33. Also complete this part for any additional information. | ),             |
|  | _              |
|  |                |
|  |                |
|  |                |
| <del></del>  |                |
|  |                |
| ·  |                |
|  |                |
|  |                |
| <del></del>  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| ·  |                |
|  |                |
|  | <del>-</del> - |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| MORNING STAR FOUNDATION   | 20-4830357                     |
| FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL D   | OCUMENTS                       |
| THE ARTICLES OF INCORPORATION WERE AMENDED IN APRIL 2009 TO EXP       | AND THE PURPOSE OF             |
| THE_FOUNDATION, CLARIFY THE SELECTION OF ITS BOARD OF DIRECTORS       | TO AGREE WITH                  |
| ESTABLISHED_BYLAWS, CLARIFY_LIMITATIONS_OF_LIABILITY_AND_INDEMN       | IIFICATION OF                  |
| DIRECTORS, OFFICERS, AND EMPLOYEES FOR LAWFUL ACTS PERFORMED IN       | SERVICE_OF_THE                 |
| FOUNDATION, AND UPDATED VOTING REQUIREMENTS FOR FUTURE CHANGES        | IN THE ARTICLES.               |
| FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS                  |                                |
| THE FORM 990 WAS REVIEWED BY THE PRESIDENT OF THE BOARD PRIOR T       | O BEING FILED.                 |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI | ENT OF CONFLICTS               |
| THE BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF        | INTEREST POLICY                |
| ANNUALLY.   |                                |
| FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS  | FOR OFFICERS & KEY EMPLOYEES   |
| A COMMITTEE OF INDEPENDENT BOARD MEMBERS REVIEWS INDUSTRY RESOU       | IRCES FOR                      |
| COMPARABILITY OF COMPENSATION. ONCE THEY HAVE REVIEWED SEVERAL        | SOURCES THE COMMITTEE          |
| THEN MAKES A RECOMMENDATION TO THE BOARD AS A WHOLE FOR APPROVA       | L.                             |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV | AILABLE                        |
| THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCE      | IAL STATEMENTS ARE             |
| NOT GENERALLY MADE AVAILABLE TO THE PUBLIC, BUT MAY BE MADE AVA       | ILABLE AT THE                  |
| ORGANIZATION'S DISCRETION.  |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |

| Schedule <b>0</b> (Form 990) 2009 | Page 2                         |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| MORNING STAR FOUNDATION           | 20-4830357                     |
|                                   |                                |
| •                                 |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   | ·                              |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |
|                                   |                                |

2009

# **SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

**MORNING STAR FOUNDATION** 

20-4830357

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SPECIAL EVENTS EXPENSES

TOTAL \$ -23,033. \$ -23,033.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS EXPENSES

TOTAL \$ 23,033.

2009

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

| MORNING | STAR | FOUNI | DATION |
|---------|------|-------|--------|
|         |      |       |        |

20-4830357

| PART III. | LINE | <b>12 - OTHER</b> | INCOME |
|-----------|------|-------------------|--------|
|-----------|------|-------------------|--------|

NATURE AND SOURCE 2009 2008 2007 2006 2005

SPECIAL EVENTS INCOME 43,438.
MISCELLANEOUS 991.
TOTAL \$ 44,429. \$ 0. \$ 0. \$ 0. \$ 0.