2009 Federal Exempt Organization Tax Summary									
Client MOTHERFN Mothership Foundation									
4/08/10			9:59 AM						
REVENUE	2009	2008	Diff						
Contributions and grants. Program service revenue	2,400 120,299	15,550 140,896	-13,150 -20,597						
Total revenue	122,699	156,446	-33,747						
EXPENSES Other expenses Total expenses	111,577 111,577	166,254 166,254	-54,677 -54,677						
NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets or fund balances at end of ye	11,122 4,097 2,603 1,494	-9,808 36,294 45,922 -9,628	20,930 -32,197 -43,319 11,122						

# Form **990**

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2009

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)

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

Open to Public Inspection

	For th	ne 2009 calenc	lar year, c	r tax year beginning		, 2009, and endin	ıg			1	
В	Check it	f applicable:		C				D Emplo	yer Identi	fication Humber	
	Ad	idress change	Please use IRS label	Mothership Foundati	ao.		- [	20-	3461	817	
	Na	inse change	or print or type.	c/o Jared Zeller; 1	403 Annur	ciation		E Teleph			
		tial return	See specific	New Orleans, LA 701	30		1	,			
	~~~	mination	Instruc-				ŀ		-		
			nons.				1	***		122	
	*****	nended return	£ \	1 11	***************************************	****	100-2-1-100-1	G Gross			Janes Contract
	Api	plication pending		and address of principal officer:			H(a) is this a H(b) Are all:			to the same of the	X No
				As C Above	7			attach a list		tructions) Yes	No
1		exempt status		(c) (3 ) <b>-</b> (insert no.)	4947(a)(	1) or   527					
J.,		osite: * N/.	- PARRIET				H(c) Group e				
K		of organization;	Corpora	tion Trust Association	Other *	L Year of Formai	ilon:	M:	Sizte of le	agaí domicile:	************
	art I	Summa									
	1 1	Briefly describ	e the org	anization's mission or most sign	nificant activitie	es: <u>To_resto</u>	re a h	igher.	qual	ity of lif	e
8	-	for New 1	Orlean	s_residents_through_	arts, cu	lture, and r	ecreat	ion			
Activities & Governance	-					-				men and appropriate was the taken to	
9	2	061. 0-1- 1-		£ 16.							
G		Check this bo:		f the organization discontinued in sers of the governing body (Part					ssets.		7
48				voting members of the governing					4		0
3				rees (Part V, line 2a)					5		0
2				ers (estimate if necessary)					6		0
Ą	7a	Total gross un	related b	usiness revenue from Part VIII,	column (C), li	ne 12			7a		0.
www.	1 d	Net unrelated	business	taxable income from Form 990-	T, line 34				7b		0.
							P <sub>t</sub>	ior Year		Current Yea	
40	8 (	Contributions a	and grant	s (Part VIII, line 1h)				15,5	550.		100.
č	9 6	Program servi	ce revenu	ie (Part VIII, line 2g)				140,8		120,2	
Revenue	10	investment inc	ome (Par	t VIII, column (A), lines 3, 4, an	nd 7d)					WWW. Part Charles and Control of the	
Œ.	11 (	Other revenue	(Part VII	l, column (A), lines 5, 6d, 8c, 9c	c, 10c, and 11c	e)					***************************************
	12	Total revenue	- add lin	es 8 through 11 (must equal Pai	rt VIII. column	(A), line 12)		156,4	46.	122,6	599.
	13 (	Grants and sin	nilar amo	unts paid (Part IX, column (A), I	lines 1-3)						
	14 8	Benefits paid t	o or for n	nembers (Part IX, column (A), li	ne 4)						
63	15 9	Salaries, other	compen:	sation, employee benefits (Part	IX, column (A	), lines 5-10)					
esc	16a F	⊃rofessional fu	undraising	fees (Part IX, column (A), line	11e)						***************************************
Expenses	b 7	Cotal fundraisi	na expen	ses (Part IX, column (D), line 25	5) au						
ιΩ				, column (A), lines 11a-11d, 11f	***************************************			166,2	54	111,5	: '7 '7
- 1				es 13-17 (must equal Part IX, co				166,2		111,5	
				. Subtract line 18 from line 12.		,		-9,8		11,1	
k 2		veverice (ess t	3/15/11/05	Suddent title 10 Hottl Hite 12			***************************************				
200	20 T	Cotal acceta (E	Don't V Lin	36)				ning of Y		End of Year	
Net Assets or Fund Balances				e 16)				36,2			97.
Teg.							-	45,9			03.
	22 N rt II	Signatu	und balar	ices. Subtract line 21 from line 2	20		1	-9,6	28.	1,4	94.
-	1111		************	***************************************				***************************************	~~~		
		Under penalties true, correct, and	of perjury, 1 d complete.	declare that I have examined this return, i Declaration of preparer (other than officer	including accompa ) is based on all in	nying schedules and stai diamation of which prepa	tements, and ever has any i	to the best mowledge.	of my kn	owledge and belief, it	is
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	er's		,	Para 1200		4.8.2810	2	Principal and the selections	N/	A	
Use	•	Firm's name (or yours if self-	-	Jay R. West CPA				**	(7)		
Onl	У	employed), address, and ZIP + 4		2	nen =			> N		252 0222	
		****		3350 Ridgelake Drive; #	-			пело. 🌤	JU4-	352-8883	
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BAA	ForP	rivacy Act and	a s.	Metairie, Louisiana 700	002 n	structions.	1	TEEA0113L	12/29/0	9 Form <b>990</b> (2	2009)

	990 (2009) Mothership Fo		20-3461817
territories de la constantina della constantina		Service Accomplishments	
1	Briefly describe the organization's mi		
	To restore a higher quand recreation.	ality of life for New Orleans re	esidents through arts, cultu
		*** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***	
2	Did the organization undertake any s	gnificant program services during the year which were	not listed on the prior
	Form 990 or 990-EZ?		Yes X
	If 'Yes,' describe these new services	n Schedule O.	
3	Did the organization cease conductin-	, or make significant changes in how it conducts, any	program services?
	If 'Yes,' describe these changes on S		Name of the Control o
4	Describe the exempt purpose achieve and 501(c)(4) organizations and secti expenses, and revenue, if any, for ea	ments for each of the organization's three largest pro on 4947(a)(1) trusts are required to report the amoun on program service reported.	gram services by expenses. Section 501(c)(3) to grants and allocations to others, the total
4a	(Code: (XXXIII) (Expenses \$	102,252, including grants of \$	) (Revenue \$
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4c (	Code: (Expenses \$	including grants of \$	) (Revenue \$
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4d C	ther program services. (Describe in S	cheaule (C.)	
	ither program services. (Describe in S Expenses \$	including grants of \$	) (Revenue \$

### 20-3461817 Page 3 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..... 2 is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Х 4 Section 501(c)(3) organizations. Did the organization engage in loobying activities? If 'Yes,' complete Schedule C, Part II. 4 X 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 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 I. 6 Χ X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III. X 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. Χ 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 X 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 11 X 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. 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. 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. • Did the organization report an amount for other liabilities in Part X, line 25? 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 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional ..... 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fund business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X 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. Χ 15 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 X 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? 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.

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....

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.

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Pa	rt IV 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		Х
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
	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		X
24:	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
E	p Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
	c 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		Ĺ
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	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.	25 a		х
8	ols 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		Х
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	X	
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		Х
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		_X
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	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 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 I	34		Χ
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		Х
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		Х
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? Note. All Form 990 filers are required to complete Schedule O.	38		X
BAA		Form	990 (	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance  1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return.  b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b C If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  5 c Tax Shelter Transaction?	Page 5
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 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?  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 this return?  b If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b T'Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	
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Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b 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?  5c	
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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?  5c	X
Tax Sheller Transaction?	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?.  6b	
7 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 provided to the payor?	Х
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	Х
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 benefit contract?.	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	
8 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.	1336
a Did the organization make any taxable distributions under section 4966?	Acres (no.
b Did the organization make any distribution to a donor, donor advisor, or related person? 9b	1
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
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	
amounts due or received from them.)	
1 PANSE 2000 CC	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	

Form 990 (2009) Mothership Foundation 20-3461817 Page 6

Part VIII 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.

Section A. Governing Body and Management

<u> </u>	Ction A. Governing Body and Management		T.,	T
1	a Enter the number of voting members of the governing body	1 1288	Yes	No
	b Enter the number of voting members that are independent	٦.,		
2		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of cfficers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Х	
i	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	76		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ě	a The governing body?	8a		X
	b Each committee with authority to act on behalf of the governing body?	86		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
	ction B. Policies (This Section B requests information about policies not required by the Intern	al		
Rev	enue Code.)		r	r
10:	a Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?	106		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11		Х
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
128	a Does the organization have a written conflict of interest policy? If 'Wo,' go to line 13	12a	X	
Ł	o Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	12c	Х	
	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Х
b	o Other officers of key employees of the organization.	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	5888	X
	If 'Ves,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosures	····		
	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	llable f	or pub	dic
	Own website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polic statements available to the public.			la!
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the Orleans La 70130	nizatio	1;	
				_
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Form 990 (2009)

Part VII 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) (F) Estimated amount of other compensation from the organization and related organizations Reportable compensation from retated organizations (W-2/1099-MISC) Average hours per week Reportable Name and Title Position (check all that apply) individual trustee or director Key employee the organization (W-2/1099 MISC) nstitutional trustee Jared Zeller/Mothership En 15 0.

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(A)	(B)			(	c)			nd Highest Co (D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee     or director	nstitution	chec Officer	a Key employee	employ	pply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of o compensation from the organization and relate organization
		Be.	slee			compensated				
אם מוס יותר שנה שנה מוס יותר מוס אותר מוס יותר										
and the last part for the last of the last										
\$100 May 400 May 100 M										
110 100 100 100 100 100 100 100 100 100										
								a a		
									2004 brokenskip	
2 Total number of individuals (including but not limited from the organization  • 0	to those	e list	ed a	abov	/e) v	who	rece	0.	0. 100,000 in reportab	le compensat
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of retithe organization and related organizations greater the organizations.	ortable	com	pen	satio	on a	ind o	other	compensation fro	om	Yes
5 Did any person listed on line 1a receive or accrue or	mpensa	iion	fror	n ar	w u	nrel				4
rendered to the organization? If 'Yes,' complete Schection B. Independent Contractors		-								5 1
Complete this table for your five highest compensation from the organization.	d indepe	ende	ent c	conti	racte	ors 1	that	-	n \$100,000 of	
(A) Name and business addres	5					*******		(B) Description of	f Services	(C) Compensatio

Pa	ηV	III Statement of Re	evenue	rennencia vertanti di traditi di tradi			************************	y
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	6	Federated campaigns     Membership dues     Fundraising events     Related organizations     Government grants (contributions)	1 b 1 c 1 d cons) 1 e			Configuration (Configuration (Config		
TRIBUTIO D OTHER		All other contributions, gifts, g similar amounts not included Noncash contribus included in		2,400.				
8 8	ì	Total. Add lines 1a-1f		b-	2,400.			
بيا	*******			Business Code	10.0348			
H	2:	Bayou Boogaloo			120,299.	120,299.		
PROGRAM SERVICE REVENUE	i c							
×	е							
SGR	f	All other program service	e revenue					
280	c	Total, Add lines 2a-2f		<u> </u>	120,299.			
	3 4 5	Investment income (incl other similar amounts). Income from investmen Royalties	t of tax-exempt	bond proceeds.				
		·	(i) Real	(ii) Personal		200		
	68	Gross Rents		1				
ĺ		Less: rental expenses						100
		Rental income or (loss)	***************************************					
					220000000000000000000000000000000000000	100000000000000000000000000000000000000		A 100 A
	e)	Net rental income or (lo						activation and the second
	7 a	Gross amount from sales of assets other than inventory .	(i) Securities	(ii) Other				100000
		Less: cost or other basis and sales expenses				unation of the		
i					0.0000000000000000000000000000000000000	TO STATE OF THE ST		
UE		Net gain or (loss)						
OTHER REVENUE		of contributions reported See Part IV, line 18	,	a	papat sa			
THE.	b	Less: direct expenses		d				
Ö	c	Net income or (loss) from	m fundraising e	vents				
		Gross income from gam See Part IV, line 19	ing activities,		SAPE TO LEGAL TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE S	Shirt Shirt		
	ĺþ	Less: direct expenses	, , , . , . , . , . 1	0				
	С	Net income or (loss) from	n gaming activi	ties				0 10 1 10 10 10 10 10 10 10 10 10 10 10
		Gross sales of inventory and allowances	, less returns					
	b	Less: cost of goods sold		3				1000000
		Net income or (loss) from			The second secon			
t		Miscellaneous Revenu		Business Code	16			200
ľ	11a					to an an alexandria condition of the special of the state of the special of the state of the sta	grand, a contractor to the contract of the first of the f	egen kontrologisteri (1968) (1969) (1969) (1969) (1969) (1969) (1969) (1969) (1969) (1969) (1969) (1969) (1969)
		when were over book were until store when down book Addit to		·*************************************				
ŀ	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d				and the second		
1	12	Yotal revenue. See instru	actions	<b>≫</b>	122,699.	120,299.	0.	0.
DAΛ.	*******		***************************************		10100: 00/10/10	· · · · · · · · · · · · · · · · · · ·	***************************************	Form 900 (2000)

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Form 990 (2009) Mothership Foundation 20-346181

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).

***************************************	All other organizations must con	(A)	e not required to compi	(C)	(0)
0o 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	TO PROPERTY AND PR			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	·			
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	920.	***************************************	920.	
	Lobbying			2671	
	Prof fundraising svcs. See Part IV, In 17.				
					***************************************
	Investment management fees				1
-	Other	1 1 5 4	1 1 1 1		}
	Advertising and promotion	1,150.	1,150.	111	
13	Office expenses	111.		111.	
14	Information technology				
15	Royalties				
16	Occupancy			***************************************	
17	Travel				1
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest	125.	·····	125.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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.)		(4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
a	Bayou Boogalo Production Exp.	101,102.	101,102.		
	Professional Fees	3,568.		3,568.	
	Administrative Overhead	2,261.	***************************************	2,261.	
	Automobile Expenses	622.		622.	***************************************
	Sponsorship	500.	***************************************	500.	
	All other expenses	1,218.		1,218.	
	Total functional expenses. Add lines 1 through 24f.	111,577.	102,252.	9,325.	0.
-	Joint costs. Check here * if following	111111	1 Vay 2 46.	J, JaJ.	<u> </u>
∠l0	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-	·		

-9,628.

36, 294. 34

33

1,494.

4,097.

Form 990 (2009)

33 Total net assets or fund balances.....

Total liabilities and net assets/fund balances...

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Form 990 (2009) Mothership Foundation	20-3461817	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accruat Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b Were the organization's financial statements audited by an independent accountant?		2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	2c	
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O.	ain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both:	vere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis	[AX	SET OF BREAKE	6362BB
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single	3a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3b	
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## SCHEDULE A (Form 990 or 990-EZ)

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

2009

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions Name of the organization Employer identification numb Mothership Foundation 20-3461817 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 179(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III – Functionally integrated d Type III – Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) (ii) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?.... 11g (iii) Provide the following information about the supported organizations. (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col. (i) of your support? Name of Supported Organization (iv) is the organization in cu (i) listed in your (vii) Amount of Support governing document? Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009

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17,950. 13 Total support. (add ins 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. m X Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))..... % 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Schedule A	(Form 990	or 990-E	Z) 2009	Moth	ership	Founda	ation			20-346	1817	Page 4
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Schedule A (Form 990 or 990-EZ) 2009

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# SCHEDULE D (Form 990)

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

Department of the Treasury internal Revenue Service Name of the organization

Mo	thership Foundation			20-3461817
Pa	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe o Form 990, Part IV, line	er Similar Funds	
		(a) Donor advised for	<del></del>	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			The second secon
3	Aggregate grants from (during year)			3 SECTION (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the as the organization's exclusive le	ssets heid in donor ad egal control?	vised Yes No
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits.	s, and donor advisors in writing ne benefit of the donor or donor it??	that grant funds may advisor or for any oth	be ner Yes No
Pa	t II Conservation Easements Comple			
1	Purpose(s) of conservation easements held by			the state of the s
	Preservation of land for public use (e.g., re	-		nistorically important land area
	Protection of natural habitat		Preservation of cert	ified historic structure
	Preservation of open space	L.,	-uf	
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	contribution in the for	m of a conservation easement on the
				Held at the End of the Year
â	Total number of conservation easements			2a
î	Total acreage restricted by conservation easem	nents		2b
	: Number of conservation easements on a certific	ed historic structure included in		2c
6	Number of conservation easements included in	(c) acquired after 8/17/06		2d
3	Number of conservation easements modified, to	ransferred, released, extinguish	ed, or terminated by	the organization during the tax
	year *			
4	Number of states where property subject to cor	servation easement is located	<b>b</b> -	9
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, it holds?	inspection, handling of	of violations, Yes No
6	Staff and volunteer hours devoted to monitoring during the year *	g, inspecting, and enforcing cor	servation easements	
7	Amount of expenses incurred in monitoring, insiduring the year *			
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Investor Manual
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Colle Complete if the organization ans	<mark>ctions of Art, Historical</mark> wered 'Yes' to Form 990,	Treasures, or Oth Part IV, line 8.	ner Similar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statemen	SFAS 116, not to report in its re c exhibition, education, or reser ts that describes these items.	evenue statement and arch in furtherance of	balance sheet works of art, historical public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	exhibition, education, or research	erch in furtherance of	public service, provide the following
	(i) Revenues included in Form 990, Part VIII, I			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 relating to these items.		
	Revenues included in Form 990, Part VIII, line			
b	Assets included in Form 990, Part X			,

Schedule D (Form 990) 2009 Mothership Fo	undation		20-3461		Page 2		
Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continu	ued)		
Using the organization's acquisition accession items (check all that apply):	and other records, check	any of the following the	at are a significant use (	of its collection			
a Public exhibition d Loan or exchange programs							
b Scholarly research	The state of the s						
c Preservation for future generations .	ternal	* V					
Provide a description of the organization's coll- Part XIV.	ections and explain how t	hey further the organiz	ation's exempt purpose	in			
	receive donations of art,	historical treasures, or	other similar	Yes	No		
5 During the year, did the organization solicit or receive did actions of an instruction of an instruction of the property of							
9, or reported an amount on For	m 990, Part X, line	41.					
1 a is the organization an agent, trustee, custodian included on Form 990, Part X?	and the second and the second		r assets not	Yes	No		
b if 'Yes,' explain the arrangement in Part XIV a	nd complete the following	table:					
				Amount			
c Beginning balance		,	1c				
d Additions during the year			. 1d		averde mayor average		
e Distributions during the year.			. 1e		******		
f Ending balance			1f				
2a Did the organization include an amount on For	m 990, Part X, line 21?		.,.,	Yes	No		
b if 'Yes,' explain the arrangement in Part XIV.							
Part V Endowment Funds Complete if	rganization answer	ed 'Yes' to Form 9	90, Part IV, line 10	,			
(a) Current		(c) Two years back	(d) Three years back	(e) Four year:	s back		
1 a Beginning of year balance			61				
b Contributions							
D Constitutions				1			
c Net Investment earnings, gains, and losses				1			
d Grants or scholarships				1			
e Other expenditures for facilities and programs			Profits Company				
f Administrative expenses				4			
g End of year balance		100000000000000000000000000000000000000					
2 Provide the estimated percentage of the year	end balance held as:						
a Board designated or quasi-endowment *	<b>%</b>						
b Permanent endowment •							
c Term endowment ► %							
3a Are there endowment funds not in the possess	ion of the organization th	at are held and admin	istered for the		·		
organization by:	sion of the organization of	iat are near and canni	13003 500 103 470	Yes	No		
(i) unrelated organizations				. 3a(i)			
(ii), related organizations				. 3a(ii)			
b If 'Yes' to 3a(ii), are the related organizations				3b			
4 Describe in Part XIV the intended uses of the				Laurana	***************************************		
Part VI Investments-Land, Buildings,	and Equipment, Sec	Form 990, Part	(, line 10.		ALL DESCRIPTION OF THE PERSON		
Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book Va	alue		
	(investment)	basis (other)	Depreciation				
1 a Land							
b Buildings	-			Andreas Andreas and the second control of the second	*************		
c Leasehold improvements		40 44	10 110				
d Equipment		10,140.	10,140.		0.		
e Other							
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).).							
BAA			Sched	dule D (Form 99	30) 2009		

20-3461817

Page 3

Schedule D (Form 990) 2009 Mothership Foundation		20-3401017	aye 4
Back Visi Deconciliation of Change in Net Assets from Form 950 to	Financial State	ments N/A	
1 Total covering (Form 990, Part VIII.column (A), line 12)	********		
2 Total expenses (Form 990, Part IX, column (A), line 25).			
make the state of			
No. 1			***************************************
			*************
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			******
10 Excess or (deficit) for the year per audited financial statements. Combine the Part XIII Reconciliation of Revenue per Audited Financial Statements.	ents With Rever	ue per Return N/A	
Total revenue, gains, and other support per audited financial statements		1	
1 Total revenue, gains, and other support per addited interior satisfies			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	.   2a	1.00	
a Net unrealized gains on investments			
b Donated services and use of facilities	2c		
c Recoveries of prior year grants			
d Other (Describe in Part XIV)	· · L «ul	2e	
e Add lines 2a through 2d		3	
3 Subtract line 2e from line 1.			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a investments expenses not included on Form 990, Part VIII, line 75	. 4a		
b Other (Describe in Part XIV)		7.00	
a Add linne Az and Ab		4c	L
and the Other must squal Form 990 Part I, line 12.	1	5	***************************************
Part XIII. Reconciliation of Expenses per Audited Financial Stateme	nts With Expense	s per Return N/A	
Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	v 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses.	2c		
d Other (Describe in Part XIV).	. 2d		
e Add lines 2a through 2d		2e	
e Add lines 2a mrough 20		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Subtract line 2e from line 1.			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b	4a		
a Investments expenses not included on Porm 990, Part Vist, line Vist.	46		
b Other (Describe in Part XIV)		4c	
c Add lines 4a and 4b.	33		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line II	2./	The same of the sa	CORPORADO CONTRACTOR DE CONTRA
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2 information.	Part III, lines 1a and d and 4b. Also comp	to and zo; Part IV, lines to and zo; Part lete this part to provide any additi	onal
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Schedule D (Form 990) 2009 Mothership Foundation	
Schedule D (Form 990) 2009 Mothership Foundation Parl XIV Supplemental Information (continued)	Control of the Contro
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SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMS No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Hame of the organization

Mothership Foundation

Employer identification number 20-3461817

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