Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MORNING STAR COMPANY

724 MAIN STREET
WOODLAND, CA 95695

2b Employer Identification Number (EIN)
94-2421552

2c Sponsor's telephone number
530-662-9826

2d Business code (see instructions)
115110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2010	TIM CRUISE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2010	TIM CRUISE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MORNING STAR COMPANY

724 MAIN STREET
WOODLAND, CA 95695

3b Administrator's EIN
94-2421552

3c Administrator's telephone number
530-662-9826

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1465
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1318
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	113
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1431
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1431
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	390
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	35
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		___	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

BARON CAPITAL GROUP

13-3122938

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LORD ABBETT

13-5620131

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

04-2747644

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED

25-1111467

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN WEST FUNDS

95-4597302

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO AIM

76-0528004

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVERGREEN

04-6599663

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

13-5108880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOR

04-2679462

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS

43-1804048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JPMORGAN

13-2624428

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MAINSTAY

52-2206685

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO INVESTMENTS, LLC

625 MARQUETTE SO
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 65 71 72	BROKERAGE PR	3048	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 59 60 63	SERVICE PROV	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 50	BUNDLED SERV	34085	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 62	SERVICE PROVID	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6202499-001	C	3816479

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2478012	646992
(2) Participant contributions	1b(2)	87679	103777
(3) Other	1b(3)		19474
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3342127	3503613
(2) U.S. Government securities	1c(2)	2987281	2747175
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9635049	1239589
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	231558	218743
(8) Participant loans	1c(8)	604825	579202
(9) Value of interest in common/collective trusts	1c(9)	3466126	3816479
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1721278	15010890
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	24553935	27885934
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24553935	27885934

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	646992	
	(B) Participants	2a(1)(B)	1350640	
	(C) Others (including rollovers)	2a(1)(C)	200906	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2198538
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1679	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	47664	
	(F) Other	2b(1)(F)	11037	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60380
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	252741	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		252741
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		125810
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4021655
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6659124
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3289992	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3289992
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	37133	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		37133
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3327125
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3331999
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DEMERA, DEMERA, CAMERON (2) EIN: 94-2504252

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

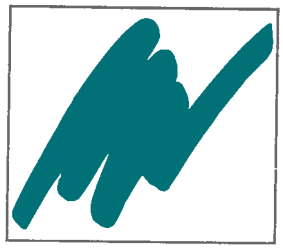
THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

DeMera
DeMera
Cameron
LLP

Certified
Public
Accountants



INDEPENDENT AUDITOR'S REPORT

To the Trustees and Administrative
Committee of The Morning Star Company
401(K) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of The Morning Star Company 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008 and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DeMera DeMera Cameron, LLP

Fresno, California
September 10, 2009

Howard J. DeMera
Mark D. Cameron

Christina M. Wyneken
Michael R. Davin
Shelley M. Nakaguchi
Andrew G. Cameron
Evin Edwards II
Kip J. Martin

Tim Downum
Titus M. Verzosa
Lisa R. Garabedian
Dee M. Myers
Diane Bogosian
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THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value (Note 3):		
Common stock	$ 1,239,589	$ 1,017,290
Mutual funds	15,010,890	11,193,804
Pooled, common and collective funds	3,816,479	3,466,126
Bonds and notes	736,864	568,555
Other fixed income securities	2,010,311	1,563,959
	22,814,133	17,809,734
Receivables:		
Employers' contributions	646,992	2,478,012
Participants' contributions	103,777	87,679
Participants' loans receivable	579,202	604,825
Note receivable (Note 5)	218,743	218,743
Interest and dividends receivable	19,474	12,815
	1,568,188	3,402,074
Cash	3,503,613	3,342,127
Total assets	27,885,934	24,553,935
Liabilities		
Accounts payable	-	-
Total liabilities	-	-
Net assets available for benefits	$ 27,885,934	$ 24,553,935

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment activity:		
Net appreciation (depreciation) in fair value of investments	$ 4,147,465	$ (6,901,738)
Interest and dividends	313,121	398,607
	4,460,586	(6,503,131)
Less: investment expenses	34,733	32,951
	4,425,853	(6,536,082)
Rollover contributions	200,906	51,774
Employer contributions	646,992	2,478,012
Participant contributions	1,350,640	1,280,204
Total additions (deductions)	6,624,391	(2,726,092)
Deductions from net assets attributed to:		
Benefits paid to participants	3,289,992	1,382,138
Administrative fees	2,400	3,150
Total deductions	3,292,392	1,385,288
Net increase (decrease)	3,331,999	(4,111,380)
Net assets available for benefits at beginning of year	24,553,935	28,665,315
Net assets available for benefits at end of year	$ 27,885,934	$ 24,553,935

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE 1 - Description of Plan:

The following brief description of The Morning Star Company 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Morning Star Company 401(k) Profit Sharing Plan covers substantially all employees of The Morning Star Company, Harter Tomato Products Company, and California Fruit and Tomato Kitchens, LLC (Employers) who have completed one year of service and attained the age of 21. It is subject to the provisions of Sections 401(a), 403(a) and 501(a) of the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, the Tax Equity and Fiscal Responsibility Act of 1982, the 1986 Tax Reform Act and the Omnibus Reconciliation Acts of 1987 and 1988 and the Pension Protection Act of 2006.

Participant accounts

Participant accounts are credited with a discretionary employer contribution of 9% of compensation, a discretionary employer matching contribution based on employee deferrals, a Safe Harbor matching contribution not exceeding 4% of compensation, as well as plan earnings based on a ratio of each participant's account balance to the total of account balances of all participants, and forfeitures of terminated participants' non-vested accounts. Participants may contribute to their own accounts through elective deferrals.

Payment of benefits and vesting

Participants' interest in the contributions the employer makes to the Plan becomes 100% vested upon normal retirement age. Prior to normal retirement age, participants' interest in the contributions the employer makes become vested based on the following schedule.

Years of Credited Service	Percent Vested and Non-Forfeitable
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Upon termination of employment, the non-vested portion of a participant's employer account will be forfeited and may be used to reduce the employer contributions or reallocated to continuing participants not to exceed their limitation as if they were additional employer nonelective contributions. Forfeitures totaled $76,133 and $80,444 for the years ended December 31, 2009 and 2008.

Upon death or disablement while employed by the Employer, the entire interest shall become 100% vested.

(continued)

Upon retirement or permanent disability, the participant shall receive their vested portion in the form of a lump sum, part lump sum and part installments, installment payments, or a joint and survivor annuity. Upon death, the balance of the participant's account will be paid to their beneficiary.

A participant is 100% vested at all times in his Safe Harbor contributions.

Participant loans

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest from 5.25% - 10.25%. Principal and interest are paid through monthly payroll deductions.

Investment options

Upon enrollment in the Plan, participants may direct their contributions to various funds offered through Wells Fargo.

Participants may change their investment options at anytime.

Amendment and termination of plan

The Employer shall have the right to amend the Plan by resolution of the Board of Trustees, provided that no amendment shall attempt to cause any of the assets of the Plan to be used for or diverted to purposes other than for the exclusive benefit of participants or their beneficiaries.

In the event the Employer elects to terminate the Plan or discontinue operation of its business, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

Employer contributions

Each year the Employer may contribute to the Plan a nine percent fixed profit sharing contribution. The amount of this contribution may not obligate the Employer to contribute, for any year, any sums which are estimated to be in excess of the amount which the Employer would be permitted to deduct on their Federal income tax return for such year.

In addition, the Employer will contribute a Safe Harbor employer matching contribution equal to 100% of each eligible participant's deferral contributions not exceeding 4% of compensation.

NOTE 2 - Summary of significant accounting policies:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and changes in those net assets at current values. The difference between current value and the cost of the investments is reflected in the statement of changes in net assets available for plan benefits as appreciation (depreciation) in fair value of investments.

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(continued)

Federal income taxes

The Plan has not received a determination letter from the IRS. However, the Plan relies on the latest determination letter for the Wells Fargo Bank, N.A. Defined Contribution Master Plan document, in which the IRS stated that the Wells Fargo Bank, N.A. Defined Contribution Master Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, as amended (the Code). The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of December 31, 2009 and 2008. The Morning Star Company 401(k) Profit Sharing Plan files an annual informational return/report (Form 5500) with the Internal Revenue Service under the tax exempt status allowed under the provisions of the Internal Revenue Code Section 501(a).

Concentration of risk

The Financial Accounting Standards Board requires disclosure in the financial statements relating to concentrations of risk and financial instruments with off-balance-sheet risk. Financial instruments that potentially subject the Plan to concentrations of risk consist principally of investments which are subject to market fluctuations.

Fair value of financial instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments (none of which are held for trading purposes) approximates the carrying value of such amounts.

Administrative expenses

While some administrative expenses are paid through the plan, the majority of administrative expenses relating to the Plan were paid by the Companies.

Subsequent events

Management has evaluated subsequent events through September 10, 2010, the date on which the financial statements were available to be issued.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order to conform to the current year presentation.

NOTE 3 - Investments:

Investments in common stock, mutual funds, pooled, common and collective funds, bonds and notes, and other fixed income securities held at Wells Fargo at December 31, 2009 and December 31, 2008 are participant-directed and are measured at fair value on a recurring basis as determined by quoted market prices (Level 1) as of the plan year end.

Information certified by the Plan's Trustee:

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustee has certified that the following data included in the accompanying financial statements is complete and accurate: (a) investments as shown in the statements of net assets available for plan benefits as of December 31, 2009 and 2008, and (b) investment income (loss) as shown in the statement of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008. The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

(continued)

Investments are all participant-directed and consist of the following at December 31, 2009 and 2008:

	2009	Fair Value	Unrealized Appreciation (Depreciation)
*	Wells Fargo Stable Return Fund G	$ 3,816,479	$ 125,810
	Federated Total Return Bd - Inst Serv.	1,087,781	57,394
	Metropolitan West Fds Total Return	736,864	60,838
*	Wells Fargo Total Return Bond Fund	2,010,311	103,628
	AIM Small Cap Growth Fund Class A	313,935	102,209
	Alliance Bertstein International Value Fund Class A	-	13,915
	American Europacific Growth Fund	287,369	33,401
	Baron Small Cap Fund	176,849	38,972
	Evergreen Intrinsic Value Fund	910,620	201,864
	Goldman Sachs Small Cap Value Fund Institutional Shares	319,598	69,061
	Goldman Sachs Structured International Equity Fund Institutional	488,625	8,706
	Harbor International Fund - Admin Class	382,570	159,202
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	JP Morgan Small Capital Equity Fund	617,907	98,895
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	Mainstay L/C Growth Fund	933,442	262,724
	MFS Value Fund	181,145	22,971
*	MFS Value Fund Class W Fund	1,744,736	283,182
	T Rowe Price Growth Stock Fund - Advisor Class	168,262	49,031
	Wells Fargo Advantage Dow Jones Target Today	2,257	371
*	Wells Fargo Advantage Capital Growth Fund	1,793,487	469,569
	Wells Fargo Advantage Dow Jones Target 2050 Fund	107,308	22,577
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	Wells Fargo Advantage Dow Jones Target 2020 Fund	422,657	56,752
	Wells Fargo Advantage Dow Jones Target 2030 Fund	200,460	36,488
	Wells Fargo Advantage Dow Jones Target 2040 Fund	253,696	59,640
	Self-directed accounts - various common stock	1,239,589	428,710
	Self-directed accounts - various mutual funds	1,424,058	492,508
		$ 22,814,133	$ 4,147,465

(continued)

	2008	Fair Value	Unrealized Appreciation (Depreciation)
*	Wells Fargo Stable Return Fund G	$ 3,466,126	$ 148,287
	Federated Total Return Bd - Inst Serv.	854,767	(62,433)
	Metropolitan West Fds Total Return	568,555	(55,457)
*	Wells Fargo Total Return Bond Fund	1,563,959	(57,283)
	AIM Small Cap Growth Fund Class A	489,535	(279,084)
	Alliance Bertstein International Value Fund Class A	140,195	(185,218)
	Baron Small Cap Fund	112,344	(109,617)
	Evergreen Intrinsic Value Fund	693,944	(300,935)
	Goldman Sachs Structured International Equity Fund Institutional	1,010,662	(701,279)
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	Van Kampen Comstock Fund Class A	-	(185,950)
	Wells Fargo Advantage C&B Large Cap Fund	-	(147,584)
	Wells Fargo Advantage Dow Jones Target Today	1,632	-
*	Wells Fargo Advantage Capital Growth Fund	1,439,450	(971,859)
	Wells Fargo Advantage Dow Jones Target 2050 Fund	40,654	(17,472)
	Wells Fargo Advantage Equity Value Fund	695,565	(339,318)
	Wells Fargo Advantage Growth Fund	692,540	(264,521)
	Wells Fargo Advantage Index Fund	129,164	(83,160)
	Wells Fargo Advantage Large Co Growth Fund	517,846	(242,861)
	Wells Fargo Advantage Small Co Value	-	(253,402)
	Wells Fargo Advantage Dow Jones Target Today	-	(87)
	Wells Fargo Advantage Dow Jones Target 2010 Fund	170,793	(21,852)
	Wells Fargo Advantage Dow Jones Target 2020 Fund	224,758	(56,103)
	Wells Fargo Advantage Dow Jones Target 2030 Fund	124,447	(57,594)
	Wells Fargo Advantage Dow Jones Target 2040 Fund	98,117	(38,220)
	Self-directed accounts - various common stock	1,017,290	(724,304)
	Self-directed accounts - various mutual funds	1,101,531	(784,283)
		$ 17,809,734	$ (6,901,738)

* Investments that represent 5% or more of net assets.

NOTE 4 - Investment in LB Restaurant, LLC:

A non-related third party and The Morning Star Company 401(K) Profit Sharing Plan formed LB Restaurant, LLC, a California limited liability company on June 30, 1997. During 1997, the Plan invested $220,000 for its 88% interest in the LLC. The fair market value, as determined by the trustees, has been reflected at $-0- at both December 31, 2009 and 2008.

The investment is non-participant directed and is stated at fair value as valued in good faith by the trustees.

NOTE 5 - Note receivable:

The Plan has a note receivable in the original amount of $500,000 due from LB Restaurant LLC which is secured by a deed of trust dated August 22, 1997. The Morning Star Company 401(K) Profit Sharing Plan owns an 88% interest in LB Restaurant LLC. The note is due in quarterly installments of $12,630 including interest equal to the prime rate established by Wells Fargo Bank to August 27, 2027. The note receivable balance, all of which is non-participant directed, was $218,743 as of December 31, 2009 and 2008. The prime rate was 3.25% at December 31, 2009 and 2008.

NOTE 6 - Allocation of assets:

Net assets available in the amount of $4,013,141 and $3,277,166 have been allocated to the accounts of employees who have withdrawn from the plan at December 31, 2009 and 2008, respectively.

THE MORNING STAR COMPANY
401 (K) PROFIT SHARING PLAN (PN 001)
EIN # 94-2421552
Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest collateral, par, or maturity value**	**Cost**	**Current Value**
	Wells Fargo Investments (15283999)	Cash/money market	$ 133,753	133,753
	Wells Fargo Investments (self-directed accounts)	Cash/money market	3,369,860	3,369,860
	Wells Fargo Stable Return Fund G	Pooled, common, and collective funds	3,540,471	3,816,479
	Federated Total Return Bd - Inst Serv.	Corporate bonds	1,058,927	1,087,781
	Metropolitan West Fds Total Return	Corporate bonds	714,741	736,864
	Wells Fargo Advantage Total Return Bond Fund	Fixed income securities	1,944,608	2,010,311
	AIM Small Cap Growth Fund Class A	Common stock	351,132	313,935
	American Europacific Growth Fund	Mutual Funds	254,537	287,369
	Baron Small Cap Fund	Common stock	192,274	176,849
	Evergreen Intrinsic Value Fund	Common stock	975,518	910,620
	Goldman Sachs Small Cap Value Fund Institutional Shares	Mutual Funds	252,706	319,598
	Goldman Sachs Structured International Equity Fund Institutional	Common stock	537,185	488,625
	Harbor International Fund - Admin Class	Mutual Funds	246,490	382,570
	Janus Overseas Fund Class A	Mutual Funds	223,624	376,067
	JP Morgan Small Capital Equity Fund	Mutual Funds	521,207	617,907
	Lord Abbett Small Cap Value Fund Class A	Common stock	646,385	635,526
	Mainstay L/C Growth Fund	Common stock	924,463	933,442
	MFS Value Fund	Common stock	193,170	181,145
	MFS Value Fund Class W Fund	Common stock	1,881,813	1,744,736
	T Rowe Price Growth Stock Fund - Advisor Class	Common stock	157,126	168,262
	Wells Fargo Advantage Capital Growth Fund	Common stock	2,014,398	1,793,487
	Wells Fargo Advantage Equity Value Fund	Common stock	1,038,730	910,537
	Wells Fargo Advantage Growth Fund	Common stock	810,948	887,908

(continued)

THE MORNING STAR COMPANY
401 (K) PROFIT SHARING PLAN
EIN # 94-2421552
Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year) - Continued

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest collateral, par, or maturity value**	**Cost**	**Current Value**
	Wells Fargo Advantage Index Fund	Common stock	247,549	232,644
	Wells Fargo Advantage Dow Jones Target Today	Common stock	2,155	2,257
	Wells Fargo Advantage Dow Jones Target 2050 Fund	Common stock	97,442	107,308
	Wells Fargo Advantage Dow Jones Target 2010 Fund	Mutual funds	150,062	151,446
	Wells Fargo Advantage Dow Jones Target 2020 Fund	Mutual funds	413,283	422,657
	Wells Fargo Advantage Dow Jones Target 2030 Fund	Mutual funds	194,299	200,460
	Wells Fargo Advantage Dow Jones Target 2040 Fund	Mutual funds	233,070	253,696
	Self-directed accounts - various common stock	Common stock	1,052,992	1,239,589
	Self-directed accounts - various mutual funds	Mutual funds	1,209,693	1,424,058
	Investments	Interest receivable on investments noted above	-	8,437
	LB Restaurant, LLC	88% ownership interest	220,000	-
	Participant loans	5.25-10.25% loans receivable, principal and interest payments due bi-weekly, secured by participant's vested	-	579,202
	LB Restaurant, LLC	Mortgage note receivable, interest rate adjusted quarterly to prime, principal and interest due quarterly, secured by deed of trust	218,743	218,743
	LB Restaurant, LLC	Interest receivable on mortgage note receivable noted above	-	11,037
			$ 26,023,354	$ 27,135,165

See accompanying notes and independent auditor's report

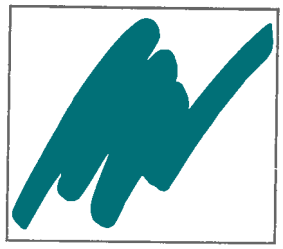
THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

DeMera
DeMera
Cameron
LLP

Certified
Public
Accountants



INDEPENDENT AUDITOR'S REPORT

To the Trustees and Administrative
Committee of The Morning Star Company
401(K) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of The Morning Star Company 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008 and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DeMera DeMera Cameron, LLP

Fresno, California
September 10, 2009

Howard J. DeMera
Mark D. Cameron

Christina M. Wyneken
Michael R. Davin
Shelley M. Nakaguchi
Andrew G. Cameron
Evin Edwards II
Kip J. Martin

Tim Downum
Titus M. Verzosa
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THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value (Note 3):		
Common stock	$ 1,239,589	$ 1,017,290
Mutual funds	15,010,890	11,193,804
Pooled, common and collective funds	3,816,479	3,466,126
Bonds and notes	736,864	568,555
Other fixed income securities	2,010,311	1,563,959
	22,814,133	17,809,734
Receivables:		
Employers' contributions	646,992	2,478,012
Participants' contributions	103,777	87,679
Participants' loans receivable	579,202	604,825
Note receivable (Note 5)	218,743	218,743
Interest and dividends receivable	19,474	12,815
	1,568,188	3,402,074
Cash	3,503,613	3,342,127
Total assets	27,885,934	24,553,935
Liabilities		
Accounts payable	-	-
Total liabilities	-	-
Net assets available for benefits	$ 27,885,934	$ 24,553,935

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment activity:		
Net appreciation (depreciation) in fair value of investments	$ 4,147,465	$ (6,901,738)
Interest and dividends	313,121	398,607
	4,460,586	(6,503,131)
Less: investment expenses	34,733	32,951
	4,425,853	(6,536,082)
Rollover contributions	200,906	51,774
Employer contributions	646,992	2,478,012
Participant contributions	1,350,640	1,280,204
Total additions (deductions)	6,624,391	(2,726,092)
Deductions from net assets attributed to:		
Benefits paid to participants	3,289,992	1,382,138
Administrative fees	2,400	3,150
Total deductions	3,292,392	1,385,288
Net increase (decrease)	3,331,999	(4,111,380)
Net assets available for benefits at beginning of year	24,553,935	28,665,315
Net assets available for benefits at end of year	$ 27,885,934	$ 24,553,935

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

NOTE 1 - Description of Plan:

The following brief description of The Morning Star Company 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Morning Star Company 401(k) Profit Sharing Plan covers substantially all employees of The Morning Star Company, Harter Tomato Products Company, and California Fruit and Tomato Kitchens, LLC (Employers) who have completed one year of service and attained the age of 21. It is subject to the provisions of Sections 401(a), 403(a) and 501(a) of the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, the Tax Equity and Fiscal Responsibility Act of 1982, the 1986 Tax Reform Act and the Omnibus Reconciliation Acts of 1987 and 1988 and the Pension Protection Act of 2006.

Participant accounts

Participant accounts are credited with a discretionary employer contribution of 9% of compensation, a discretionary employer matching contribution based on employee deferrals, a Safe Harbor matching contribution not exceeding 4% of compensation, as well as plan earnings based on a ratio of each participant's account balance to the total of account balances of all participants, and forfeitures of terminated participants' non-vested accounts. Participants may contribute to their own accounts through elective deferrals.

Payment of benefits and vesting

Participants' interest in the contributions the employer makes to the Plan becomes 100% vested upon normal retirement age. Prior to normal retirement age, participants' interest in the contributions the employer makes become vested based on the following schedule.

Years of Credited Service	Percent Vested and Non-Forfeitable
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Upon termination of employment, the non-vested portion of a participant's employer account will be forfeited and may be used to reduce the employer contributions or reallocated to continuing participants not to exceed their limitation as if they were additional employer nonelective contributions. Forfeitures totaled $76,133 and $80,444 for the years ended December 31, 2009 and 2008.

Upon death or disablement while employed by the Employer, the entire interest shall become 100% vested.

(continued)

Upon retirement or permanent disability, the participant shall receive their vested portion in the form of a lump sum, part lump sum and part installments, installment payments, or a joint and survivor annuity. Upon death, the balance of the participant's account will be paid to their beneficiary.

A participant is 100% vested at all times in his Safe Harbor contributions.

Participant loans

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest from 5.25% - 10.25%. Principal and interest are paid through monthly payroll deductions.

Investment options

Upon enrollment in the Plan, participants may direct their contributions to various funds offered through Wells Fargo.

Participants may change their investment options at anytime.

Amendment and termination of plan

The Employer shall have the right to amend the Plan by resolution of the Board of Trustees, provided that no amendment shall attempt to cause any of the assets of the Plan to be used for or diverted to purposes other than for the exclusive benefit of participants or their beneficiaries.

In the event the Employer elects to terminate the Plan or discontinue operation of its business, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

Employer contributions

Each year the Employer may contribute to the Plan a nine percent fixed profit sharing contribution. The amount of this contribution may not obligate the Employer to contribute, for any year, any sums which are estimated to be in excess of the amount which the Employer would be permitted to deduct on their Federal income tax return for such year.

In addition, the Employer will contribute a Safe Harbor employer matching contribution equal to 100% of each eligible participant's deferral contributions not exceeding 4% of compensation.

NOTE 2 - Summary of significant accounting policies:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and changes in those net assets at current values. The difference between current value and the cost of the investments is reflected in the statement of changes in net assets available for plan benefits as appreciation (depreciation) in fair value of investments.

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(continued)

Federal income taxes

The Plan has not received a determination letter from the IRS. However, the Plan relies on the latest determination letter for the Wells Fargo Bank, N.A. Defined Contribution Master Plan document, in which the IRS stated that the Wells Fargo Bank, N.A. Defined Contribution Master Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, as amended (the Code). The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of December 31, 2009 and 2008. The Morning Star Company 401(k) Profit Sharing Plan files an annual informational return/report (Form 5500) with the Internal Revenue Service under the tax exempt status allowed under the provisions of the Internal Revenue Code Section 501(a).

Concentration of risk

The Financial Accounting Standards Board requires disclosure in the financial statements relating to concentrations of risk and financial instruments with off-balance-sheet risk. Financial instruments that potentially subject the Plan to concentrations of risk consist principally of investments which are subject to market fluctuations.

Fair value of financial instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments (none of which are held for trading purposes) approximates the carrying value of such amounts.

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Information certified by the Plan's Trustee:

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(continued)

Investments are all participant-directed and consist of the following at December 31, 2009 and 2008:

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	Wells Fargo Advantage Dow Jones Target 2030 Fund	200,460	36,488
	Wells Fargo Advantage Dow Jones Target 2040 Fund	253,696	59,640
	Self-directed accounts - various common stock	1,239,589	428,710
	Self-directed accounts - various mutual funds	1,424,058	492,508
		$ 22,814,133	$ 4,147,465

(continued)

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	Wells Fargo Advantage C&B Large Cap Fund	-	(147,584)
	Wells Fargo Advantage Dow Jones Target Today	1,632	-
*	Wells Fargo Advantage Capital Growth Fund	1,439,450	(971,859)
	Wells Fargo Advantage Dow Jones Target 2050 Fund	40,654	(17,472)
	Wells Fargo Advantage Equity Value Fund	695,565	(339,318)
	Wells Fargo Advantage Growth Fund	692,540	(264,521)
	Wells Fargo Advantage Index Fund	129,164	(83,160)
	Wells Fargo Advantage Large Co Growth Fund	517,846	(242,861)
	Wells Fargo Advantage Small Co Value	-	(253,402)
	Wells Fargo Advantage Dow Jones Target Today	-	(87)
	Wells Fargo Advantage Dow Jones Target 2010 Fund	170,793	(21,852)
	Wells Fargo Advantage Dow Jones Target 2020 Fund	224,758	(56,103)
	Wells Fargo Advantage Dow Jones Target 2030 Fund	124,447	(57,594)
	Wells Fargo Advantage Dow Jones Target 2040 Fund	98,117	(38,220)
	Self-directed accounts - various common stock	1,017,290	(724,304)
	Self-directed accounts - various mutual funds	1,101,531	(784,283)
		$ 17,809,734	$ (6,901,738)

* Investments that represent 5% or more of net assets.

NOTE 4 - Investment in LB Restaurant, LLC:

A non-related third party and The Morning Star Company 401(K) Profit Sharing Plan formed LB Restaurant, LLC, a California limited liability company on June 30, 1997. During 1997, the Plan invested $220,000 for its 88% interest in the LLC. The fair market value, as determined by the trustees, has been reflected at $-0- at both December 31, 2009 and 2008.

The investment is non-participant directed and is stated at fair value as valued in good faith by the trustees.

NOTE 5 - Note receivable:

The Plan has a note receivable in the original amount of $500,000 due from LB Restaurant LLC which is secured by a deed of trust dated August 22, 1997. The Morning Star Company 401(K) Profit Sharing Plan owns an 88% interest in LB Restaurant LLC. The note is due in quarterly installments of $12,630 including interest equal to the prime rate established by Wells Fargo Bank to August 27, 2027. The note receivable balance, all of which is non-participant directed, was $218,743 as of December 31, 2009 and 2008. The prime rate was 3.25% at December 31, 2009 and 2008.

NOTE 6 - Allocation of assets:

Net assets available in the amount of $4,013,141 and $3,277,166 have been allocated to the accounts of employees who have withdrawn from the plan at December 31, 2009 and 2008, respectively.

THE MORNING STAR COMPANY
401 (K) PROFIT SHARING PLAN (PN 001)
EIN # 94-2421552
Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest collateral, par, or maturity value**	**Cost**	**Current Value**
	Wells Fargo Investments (15283999)	Cash/money market	$ 133,753	133,753
	Wells Fargo Investments (self-directed accounts)	Cash/money market	3,369,860	3,369,860
	Wells Fargo Stable Return Fund G	Pooled, common, and collective funds	3,540,471	3,816,479
	Federated Total Return Bd - Inst Serv.	Corporate bonds	1,058,927	1,087,781
	Metropolitan West Fds Total Return	Corporate bonds	714,741	736,864
	Wells Fargo Advantage Total Return Bond Fund	Fixed income securities	1,944,608	2,010,311
	AIM Small Cap Growth Fund Class A	Common stock	351,132	313,935
	American Europacific Growth Fund	Mutual Funds	254,537	287,369
	Baron Small Cap Fund	Common stock	192,274	176,849
	Evergreen Intrinsic Value Fund	Common stock	975,518	910,620
	Goldman Sachs Small Cap Value Fund Institutional Shares	Mutual Funds	252,706	319,598
	Goldman Sachs Structured International Equity Fund Institutional	Common stock	537,185	488,625
	Harbor International Fund - Admin Class	Mutual Funds	246,490	382,570
	Janus Overseas Fund Class A	Mutual Funds	223,624	376,067
	JP Morgan Small Capital Equity Fund	Mutual Funds	521,207	617,907
	Lord Abbett Small Cap Value Fund Class A	Common stock	646,385	635,526
	Mainstay L/C Growth Fund	Common stock	924,463	933,442
	MFS Value Fund	Common stock	193,170	181,145
	MFS Value Fund Class W Fund	Common stock	1,881,813	1,744,736
	T Rowe Price Growth Stock Fund - Advisor Class	Common stock	157,126	168,262
	Wells Fargo Advantage Capital Growth Fund	Common stock	2,014,398	1,793,487
	Wells Fargo Advantage Equity Value Fund	Common stock	1,038,730	910,537
	Wells Fargo Advantage Growth Fund	Common stock	810,948	887,908

(continued)

THE MORNING STAR COMPANY
401 (K) PROFIT SHARING PLAN
EIN # 94-2421552
Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year) - Continued

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest collateral, par, or maturity value**	**Cost**	**Current Value**
	Wells Fargo Advantage Index Fund	Common stock	247,549	232,644
	Wells Fargo Advantage Dow Jones Target Today	Common stock	2,155	2,257
	Wells Fargo Advantage Dow Jones Target 2050 Fund	Common stock	97,442	107,308
	Wells Fargo Advantage Dow Jones Target 2010 Fund	Mutual funds	150,062	151,446
	Wells Fargo Advantage Dow Jones Target 2020 Fund	Mutual funds	413,283	422,657
	Wells Fargo Advantage Dow Jones Target 2030 Fund	Mutual funds	194,299	200,460
	Wells Fargo Advantage Dow Jones Target 2040 Fund	Mutual funds	233,070	253,696
	Self-directed accounts - various common stock	Common stock	1,052,992	1,239,589
	Self-directed accounts - various mutual funds	Mutual funds	1,209,693	1,424,058
	Investments	Interest receivable on investments noted above	-	8,437
	LB Restaurant, LLC	88% ownership interest	220,000	-
	Participant loans	5.25-10.25% loans receivable, principal and interest payments due bi-weekly, secured by participant's vested	-	579,202
	LB Restaurant, LLC	Mortgage note receivable, interest rate adjusted quarterly to prime, principal and interest due quarterly, secured by deed of trust	218,743	218,743
	LB Restaurant, LLC	Interest receivable on mortgage note receivable noted above	-	11,037
			$ 26,023,354	$ 27,135,165

See accompanying notes and independent auditor's report