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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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

<b>A</b> For the 2008 calendar year, or tax year beginning <u>07/01, 2008</u> , and ending <u>06/30, 2009</u>																																																																																	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>C</b> Name of organization</td> <td colspan="3"><u>DALLAS STARS FOUNDATION INC.</u></td> </tr> <tr> <td>Doing Business As</td> <td colspan="3"></td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td colspan="3">Room/suite</td> </tr> <tr> <td colspan="4"><u>2601 AVENUE OF THE STARS</u></td> </tr> <tr> <td colspan="4">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="4"><u>FRISCO, TX 75034</u></td> </tr> <tr> <td><b>F</b> Name and address of principal officer</td> <td colspan="3"><u>JEFF COGEN</u></td> </tr> <tr> <td colspan="4"><u>2601 AVENUE OF THE STARS, FRISCO, TX 75034</u></td> </tr> <tr> <td><b>D</b> Employer identification number</td> <td colspan="3"><u>75-2780401</u></td> </tr> <tr> <td><b>E</b> Telephone number</td> <td colspan="3"><u>(214) 387-5526</u></td> </tr> <tr> <td><b>G</b> Gross receipts \$</td> <td colspan="3"><u>657,494.</u></td> </tr> <tr> <td><b>H(a)</b> Is this a group return for affiliates?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><b>H(b)</b> Are all affiliates included?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">If "No," attach a list (see instructions)</td> </tr> <tr> <td><b>H(c)</b> Group exemption number</td> <td colspan="3">▶</td> </tr> <tr> <td><b>I</b> Tax-exempt status</td> <td><input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no )</td> <td><input type="checkbox"/> 4947(a)(1) or</td> <td><input type="checkbox"/> 527</td> </tr> <tr> <td><b>J</b> Website</td> <td colspan="3">▶ <u>N/A</u></td> </tr> <tr> <td><b>K</b> Type of organization</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Association</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation</td> <td><u>1998</u></td> </tr> <tr> <td></td> <td></td> <td><b>M</b> State of legal domicile</td> <td><u>TX</u></td> </tr> </table>	<b>C</b> Name of organization	<u>DALLAS STARS FOUNDATION INC.</u>			Doing Business As				Number and street (or P O box if mail is not delivered to street address)	Room/suite			<u>2601 AVENUE OF THE STARS</u>				City or town, state or country, and ZIP + 4				<u>FRISCO, TX 75034</u>				<b>F</b> Name and address of principal officer	<u>JEFF COGEN</u>			<u>2601 AVENUE OF THE STARS, FRISCO, TX 75034</u>				<b>D</b> Employer identification number	<u>75-2780401</u>			<b>E</b> Telephone number	<u>(214) 387-5526</u>			<b>G</b> Gross receipts \$	<u>657,494.</u>			<b>H(a)</b> Is this a group return for affiliates?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		<b>H(b)</b> Are all affiliates included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If "No," attach a list (see instructions)				<b>H(c)</b> Group exemption number	▶			<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no )	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	<b>J</b> Website	▶ <u>N/A</u>			<b>K</b> Type of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association		<input type="checkbox"/> Other ▶	<b>L</b> Year of formation	<u>1998</u>			<b>M</b> State of legal domicile	<u>TX</u>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities <u>TO PROVIDE SUPPORT TO THE CHILDREN OF THE DALLAS/FORT WORTH METROPLEX.</u>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> <u>11</u></span>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> <u>10</u></span>	
	<b>5</b>	Total number of employees (Part V, line 2a) <span style="float: right;"><b>5</b> <u>NONE</u></span>	
	<b>6</b>	Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> <u>10</u></span>	
	<b>Revenue</b>	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) <span style="float: right;"><b>7a</b> <u>NONE</u></span>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;"><b>7b</b> <u>NONE</u></span>	
<b>8</b>		Contribution and grants (Part VIII, line 1h) <span style="float: right;"><b>Prior Year</b> <u>291,655.</u> <b>Current Year</b> <u>300,996.</u></span>	
<b>9</b>		Program service revenue (Part VIII, line 2g)	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;"><u>248,932.</u> <u>232,969.</u></span>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;"><u>540,587.</u> <u>533,965.</u></span>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;"><u>256,265.</u> <u>260,904.</u></span>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;"><u>74,673.</u> <u>71,530.</u></span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>44,762.</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <span style="float: right;"><u>53,947.</u> <u>107,679.</u></span>	
	<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;"><u>384,885.</u> <u>440,113.</u></span>	
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 <span style="float: right;"><u>155,702.</u> <u>93,852.</u></span>	
	<b>20</b>	Total assets (Part X, line 16) <span style="float: right;"><b>Beginning of Year</b> <u>494,965.</u> <b>End of Year</b> <u>560,794.</u></span>	
	<b>21</b>	Total liabilities (Part X, line 26) <span style="float: right;"><u>38,272.</u> <u>10,250.</u></span>	
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20. <span style="float: right;"><u>456,693.</u> <u>550,544.</u></span>	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	<u>5/14/10</u> Date	
	<u>Robert L. Hutson, Treasurer</u> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Diana P. Cook</u>	Date <u>5-12-10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>KPMG LLP</u> <u>210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102</u>		Preparer's identifying number (see instructions) EIN ▶ <u>13-5565207</u> Phone no ▶ <u>405-239-6411</u>
May the IRS discuss this return with the preparer shown above? (See instructions) <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			

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

Form 990 (2008)

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**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

SEE SCHEDULE O, GENERAL STATEMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 296,710. including grants of \$ 260,904. ) (Revenue \$ \_\_\_\_\_)

SEE SCHEDULE O, GENERAL STATEMENT 1

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► \$ 296,710. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
<b>3</b> 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		<input checked="" type="checkbox"/>
<b>4</b> Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>5</b> Sections 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		
<b>6</b> Did the organization maintain any donor advised funds or any 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		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
<b>9</b> 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		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		<input checked="" type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
<b>15</b> 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		<input checked="" type="checkbox"/>
<b>16</b> 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		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
<b>24a</b> 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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>26</b> 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		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .	1a	NONE
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
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 . . . . .	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
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)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	11	
1b	Enter the number of voting members that are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		X
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.		X
11	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.		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.		
12c			
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		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:		
a	The organization's CEO, Executive Director, or top management official?		X
b	Other officers or key employees of the organization?		X
15b	Describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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			

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

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 for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MELISSA EMBRY 2601 AVENUE OF THE STARS FRISCO, TX 75034  
(214) 387-5570

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM LITES DIRECTOR	1.	X						NONE	NONE	NONE
CASEY COFFMAN SECRETARY	1.	X		X				NONE	NONE	NONE
ROBERT HUTSON TREASURER	1.	X		X				NONE	NONE	NONE
GEOFF MOORE EXECUTIVE VP	1.	X		X				NONE	NONE	NONE
CARLA ROSENBERG EXECUTIVE DIRECTOR	20.	X		X				29,461.	NONE	NONE
JEFF COGEN CHAIRMAN OF THE BOARD	1.	X		X				NONE	NONE	NONE
KRISTIN REAUGH DIRECTOR	1.	X						NONE	NONE	NONE
ROB SCICHILI DIRECTOR	1.	X						NONE	NONE	NONE
KELLY TURCO DIRECTOR	1.	X						NONE	NONE	NONE
WENDY TIPPETT DIRECTOR	1.	X						NONE	NONE	NONE
BRETT HULL DIRECTOR	1.	X						NONE	NONE	NONE



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)[illegible]

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	NONE
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		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► NONE		

**Part VIII Statement of Revenue**

75-2780401

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	114,120.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	186,876.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		12,955.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		300,996			
<b>Program Service Revenue</b>	<b>2a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .				
<b>4</b>		Income from investment of tax-exempt bond proceeds . . .					
<b>5</b>		Royalties . . . . .					
			(i) Real	(ii) Personal			
<b>6a</b>		Gross Rents . . . . .					
<b>b</b>		Less rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .					
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
<b>b</b>		Less cost or other basis and sales expenses . . . . .					
<b>c</b>		Gain or (loss) . . . . .					
<b>d</b>		Net gain or (loss) . . . . .					
<b>8a</b>		Gross income from fundraising events (not including \$ 114,120. of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	119,691			
<b>b</b>		Less direct expenses . . . . .	<b>b</b>	71,120.			
<b>c</b>		Net income or (loss) from fundraising events . . . . .		48,571.			48,571
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	159,370.			
<b>b</b>		Less direct expenses . . . . .	<b>b</b>	44,617.			
<b>c</b>		Net income or (loss) from gaming activities . . . . .		114,753			114,753.
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	77,437.				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>	7,792.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		69,645.	69,645			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		533,965	69,645.		163,324.	

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	257,404.	257,404.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	3,500.	3,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages . . . . .	61,011.		61,011.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,654.		1,654.	
9 Other employee benefits . . . . .	4,028.		4,028.	
10 Payroll taxes . . . . .	4,837.		4,837.	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .	45,055.	3,070.	20,384.	21,601.
13 Office expenses . . . . .	4,853.	91.	1,229.	3,533.
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .	376.	33.	318.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . .				
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)				
a HOCKEY_FIGHTS_CANCER_EXPENSE	23,268.	23,268.		
b PRIZES_AND_DECORATION	14,912.	9,201.		5,711.
c MISCELLANEOUS	8,569.	143.	2,236.	6,190.
d MERCHANDISE	7,702.			7,702.
e BANK_&_CREDIT_CARD_CHARGES	2,944.		2,944.	
f All other expenses				
25 <b>Total functional expenses</b> Add lines 1 through 24f	440,113.	296,710.	98,641.	44,762.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	494,965.	<b>2</b>	560,794.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost basis . . . . . <b>10a</b>			
	<b>b</b> Less accumulated depreciation. Complete Part VI of Schedule D. . . . . <b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	494,965.	<b>16</b>	560,794.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	38,272.	<b>17</b>	10,250.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	38,272.	<b>26</b>	10,250.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	456,693.	<b>32</b>	550,544.
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	456,693.	<b>33</b>	550,544.
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	494,965.	<b>34</b>	560,794.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

Form 990 (2008)

**Department of the Treasury**  
**Internal Revenue Service**

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ 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 )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H )

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

9 ☒ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) 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? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above? .....

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

h Provide the following information about the organizations the organization supports

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

- 14** Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** %
- 15** Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . **15** %
- 16a** **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐
- b** **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐
- 17a** **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐
- b** **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐
- 18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	23,864	303,811	503,986	291,655	300,996	1,424,312.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	NONE	NONE	NONE	82,505	77,437	159,942.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .	23,864.	303,811.	503,986.	374,160	378,433.	1,584,254.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	5,000.	122,541.	88,500	82,744.	162,081	460,866.
<b>c</b> Add lines 7a and 7b. . . . .	5,000.	122,541	88,500	82,744.	162,081.	460,866
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .						1,123,388

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	23,864.	303,811.	503,986	374,160	378,433	1,584,254.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	722	1,088.	953.	NONE	NONE	2,763
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	722.	1,088.	953.	NONE	NONE	2,763
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	90,494.	8,758	-59,614.	159,873	163,324.	362,835
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .				15,786.		15,786.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						1,965,638.

**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** . . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	57.15%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	88.53%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.14%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.16%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SUPPLEMENTAL INFORMATION 1

PART III: SUPPORT SCHEDULE FOR ORGANIZATIONS DESCRIBED IN SEC. 509(A)(2)

LINE 12: 2004 2005 2006 2007 2008

AUCTION INCOME NONE NONE NONE 15,786 NONE

TOTAL NONE NONE NONE 15,786 NONE





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		GOLF TOURNAMENT (event type)	DR PEPPER LUNCH (event type)	NONE (total number)	
Revenue	1 Gross receipts . . . . .	157,970.	75,841.		233,811.
	2 Less Charitable contributions . . . . .	87,300.	26,820.		114,120.
	3 Gross revenue (line 1 minus line 2) . . . . .	70,670.	49,021.		119,691.
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .	49,331.	21,789.		71,120.
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .				( 71,120. )
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .				48,571.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			159,370.	159,370.
	2 Cash prizes . . . . .				
Direct Expenses	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			44,617.	44,617.
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 44,617. )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				114,753.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities <u>TX</u>		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	X
b If "No," Explain <u>DALLAS STARS FOUNDATION USES AN OUTSIDE CONTRACTOR TO OPERATE THE GAMING ACTIVITIES. AS SUCH, LICENSING WAS NOT REQUIRED.</u>		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	X

Schedule G (Form 990 or 990-EZ) 2008

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility . . . . .	13a	NONE %
b	An outside facility . . . . .	13b	100.0000 %
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
Name ▶ <u>MELISSA EMBRY</u>			
Address ▶ <u>2601 AVE. OF THE STARS FRISCO, TX 75034</u>			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information		
Name ▶ <u>GEOFF MOORE, EXECUTIVE VP</u>			
Gaming manager compensation ▶ \$ _____ NONE			
Description of services provided ▶ <u>RESPONSIBLE FOR THE CASINO NIGHT EVENT</u>			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions.		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No 1545-0047

2008

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service	Name of the organization

Employer Identification number

75-2780401

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . .

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- |   |  |      |
|---|--|------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 15   |
| 3 | Enter total number of other organizations                            | NONE |

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

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENTAL INFORMATION 1

PART 1: GENERAL INFORMATION ON GRANTS AND ASSISTANCE

LINE 2:

DALLAS STARS FOUNDATION, INC. REQUIRES THAT GRANT RECIPIENTS PROVIDE A

REPORT OF THE USE OF GRANT FUNDS. THE REPORTS TYPICALLY INCLUDE COPIES OF

INVOICES, PRESS RELEASES, PICTURES, AND OTHER INFORMATION REGARDING THE

PROJECTS ON WHICH THE FUNDS WERE USED.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)

STE 180-W, DALLAS, TX 75252

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD, STE. 100 DALLAS, TX 75244	13-1623888	501(C)(3)	7,500				SCHOLARSHIPS
CAMP SUMMIT 17210 CAMPBELL RD. STE 180-W, DALLAS, TX 75252	75-2488486	501(C)(3)	19,000				GENERAL SUPPORT
CHILDREN'S EDUCATION FUND PO BOX 225748 DALLAS, TX 75222	75-1864739	501(C)(3)	10,000				EDUCATION
CHILDREN'S MEDICAL CENTER - LEGACY 2777 STEMONS, SUITE 700 DALLAS, TX 75207	75-0800628	501(C)(3)	50,000				CHILDREN'S PLAYROOM
CLAYTON DARNEY FDN FOR KIDS WITH CANCER 8150 N CEN EXPY STE 795 DALLAS, TX 75206	75-2641482	501(C)(3)	9,000				GENERAL SUPPORT
DALLAS LIFE 1100 CADIZ STREET DALLAS, TX 75215	75-2336522	501(C)(3)	22,500				FOOD & SHELTER
INTERFAITH MINISTRIES OF DENTON, INC. 1109 N. ELM ST. DENTON, TX 76201	75-2442459	501(C)(3)	10,000				SCHOOL SUPPLIES
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2105 LUNA RD, STE. 390 CARROLLTON, TX 75006	74-1266225	501(C)(3)	20,000				CAMP
NELSON CHILDREN'S RESIDENTIAL TREATMENT CEN 4601 INTERSTATE 35 NORTH DENTON, TX 76207	74-1109745	501(C)(3)	6,000				PHYSICAL EDUCATION
NEW BEGINNING CENTER 218 NORTH TENTH STREET GARLAND, TX 75040	75-1884025	501(C)(3)	6,000				PLAYGROUND
PROMISE HOUSE, INC. 224 W. PAGE AVE DALLAS, TX 75208	75-2180083	501(C)(3)	8,000				FOOD & SHELTER
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FT WORTH, TX 76111	75-6005093	501(C)(3)	7,500				FOOD & SHELTER
RETINA FOUNDATION OF THE SOUTHWEST 9900 N. CENTRAL EXPRESSWAY DALLAS, TX 75231	51-0151514	501(C)(3)	13,295				GENERAL SUPPORT
SHARED HOUSING CENTER 402 N GOOD LATIMER EXPY DALLAS, TX 75204	75-2137522	501(C)(3)	8,000				SCHOOL SUPPLIES
TEXAS SCOTTISH RITE HOSPITAL 2222 WELBORN STREET DALLAS, TX 75219	75-0818178	501(C)(3)	8,000				GENERAL SUPPORT

15

NONE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**

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DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

GENERAL STATEMENT 1

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 1:

THE DALLAS STARS FOUNDATION WAS ESTABLISHED TO SERVE AS A POSITIVE FORCE

THROUGHOUT THE DALLAS/FT. WORTH METROPLEX. THE FOUNDATION FOCUSES ITS

EFFORTS ON PROVIDING SUPPORT TO THE CHILDREN OF THE COMMUNITY SO THEY MAY

LEAD QUALITY LIVES AND DEVELOP INTO CONTRIBUTING MEMBERS OF SOCIETY.

THROUGH TEAMWORK, INTERACTION AND EDUCATION, THE DALLAS STARS FOUNDATION

WORKS TO BRING TOGETHER ALL MEMBERS OF THE METROPLEX AND BUILD A BRIGHT

FUTURE FOR TODAY'S YOUTH.

LINE 4A:

THE FOUNDATION MADE NUMEROUS GRANTS TO OTHER NON-PROFIT CHARITIES IN

SUPPORT OF EDUCATIONAL AND CHARITABLE CHILDREN'S PROGRAMS.

TOTAL \$257,404.

OTHER PROGRAMS - TOTAL \$39,306.

OTHER PROGRAMS INCLUDE:

COMMUNITY TICKETS

STICK WITH READING

HIGH SCHOOL MEDIA DAY

SCORE ONE FOR CHILDREN

HOCKEY FIGHTS CANCER



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
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TICKETS FOR KIDS

M CLUB SECTION:

DALLAS STARS GOALTENDER #35 MARTY TURCO CONTINUES HIS WINNING TRADITION OF BRINGING THE MAGIC OF DALLAS STARS HOCKEY TO AREA YOUTH. THIS YEAR, THE DALLAS STARS FOUNDATION IN COLLABORATION WITH MARTY TURCO, CREATED THE M CLUB SECTION. MARTY GENEROUSLY DONATED 35 SEASON TICKETS TO THE DALLAS STARS FOUNDATION TO BE DISTRIBUTED TO LOCAL CHILDREN'S CHARITIES AND SELECT METROPLEX CHILDREN'S GROUPS. THESE TICKETS ARE DONATED EACH GAME TO A VERY DESERVING ORGANIZATION SO THAT MORE CHILDREN CAN EXPERIENCE THE DALLAS STARS LIVE AT THE AMERICAN AIRLINES CENTER.

BRENDEN MORROW TICKETS FOR SOLDIERS:

THROUGHOUT THE 2008-2009 SEASON, STARS CAPTAIN BRENDEN MORROW PURCHASED AND DONATED FOUR LOWER LEVEL TICKETS TO EVERY HOME GAME TO VARIOUS US MILITARY PERSONNEL.

RICHARDS TASK FORCE 91:

STARS CENTER BRAD RICHARDS GENEROUSLY DONATED 10 TICKETS TO EACH AND EVERY HOME GAME FOR MILITARY PERSONNEL AND THEIR FAMILIES. THESE AMERICAN HEROES ARE RECOGNIZED AND HONORED DURING THE GAME.

COMMUNITY TICKETS

THE PROGRAM ALLOWS THE DALLAS STARS ORGANIZATION TO SERVE THE COMMUNITY

**SCHEDULE O  
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BY DONATING TICKETS TO VARIOUS CHARITIES AND CIVIC PROGRAMS THROUGHOUT  
THE AREA, AND ALSO ALLOWS EACH RESPECTIVE ORGANIZATION THE OPPORTUNITY TO  
EXPERIENCE THE MAGIC OF DALLAS STARS HOCKEY FIRST HAND. THE TICKETS ARE  
USED BY THE ORGANIZATION'S EMPLOYEES, VOLUNTEERS AND DESIGNATED  
BENEFICIARIES ONLY. SEASON TICKET HOLDERS AND CORPORATIONS CAN DONATE  
THEIR TICKETS BACK TO THE DALLAS STARS FOUNDATION FOR A TAX-EXEMPT  
CONTRIBUTION.

STICK WITH READING

THE DALLAS STARS FOUNDATION'S STICK WITH READING PROGRAM CONTINUES TO BE  
A CORNERSTONE PROGRAM, AND ONE OF THE MOST SUCCESSFUL INCENTIVE-BASED  
LITERACY PROGRAMS IN THE LEAGUE. THE STICK WITH READING PROGRAM WAS  
DEVELOPED IN AN EFFORT TO ADDRESS ONE OF THE MOST STIFLING PROBLEMS THAT  
CHILDREN FACE TODAY, WHICH IS THE THREAT OF ILLITERACY. THE PROGRAM  
ENCOURAGES STUDENTS TO DEVELOP THE HEALTHY HABIT OF READING OUTSIDE THE  
CLASSROOM SO THAT THEY MAY CONTINUE TO APPLY WHAT THEY LEARN IN SCHOOL,  
TO THE OUTSIDE WORLD. STUDENTS RECORD THEIR READING MINUTES OVER AN  
EIGHT-WEEK PERIOD AND ARE ELIGIBLE TO RECEIVE INCENTIVE PRIZES FOR  
READING 500-800 MINUTES, AND BE NAMED TO THE ALL-STAR READER TEAM.  
SUPERCUTS STICK WITH READING IS COMPLETELY FREE AND OPEN TO ALL METROPLEX  
CLASSROOMS, PRIVATE OR PUBLIC, IN GRADES K-8.

WITH THE HELP OF DALLAS STARS GOALTENDER MARTY TURCO, WHO SERVES AS THE  
PROGRAM'S SPOKESMAN, THE STICK WITH READING PROGRAM HAS REACHED OVER

**SCHEDULE O  
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100,000 KIDS SINCE ITS INCEPTION IN 1998, AND EACH YEAR WE RECEIVE MORE  
AND MORE POSITIVE FEEDBACK ABOUT THE IMPACT THIS PROGRAM IS HAVING IN THE  
LIVES OF METROPLEX KIDS. ALONG WITH THE PROGRAM'S ANNUAL KICK-OFF EVENT,  
AND THIS YEAR'S SPECIAL ALL-STAR VISIT, THE PROGRAM REACHED ITS MOST  
SUCCESSFUL YEAR TO DATE. THE DALLAS STARS WILL CONTINUE TO SUPPORT  
EDUCATIONAL PROGRAMS TO BRING THE JOY OF READING TO ALL CHILDREN IN THE  
COMMUNITY.

HIGH SCHOOL MEDIA DAY

THE DALLAS STARS FOUNDATION CREATED HIGH SCHOOL MEDIA DAY IN ORDER TO  
PROVIDE AN OPPORTUNITY FOR STUDENTS ASPIRING TO PURSUE A SPORTS  
JOURNALISM PROFESSION AN IN-DEPTH, BEHIND THE SCENES LOOK INTO THE WORLD  
OF SPORTS MEDIA. HIGH SCHOOL MEDIA DAY NOT ONLY PROVIDES STUDENTS WITH  
THE OPPORTUNITY TO ESTABLISH VALUABLE CONTACTS WITH PROMINENT MEMBERS OF  
THE LOCAL SPORTS MEDIA INDUSTRY, BUT ALSO ALLOWS STUDENTS AN INTERACTIVE  
ENVIRONMENT IN WHICH THEY CAN LISTEN AND LEARN FROM INDIVIDUALS WHO HAVE  
FOUND SIGNIFICANT SUCCESS IN THE BUSINESS OF SPORTS MEDIA.

IN FEBRUARY 2009 MORE THAN 75 STUDENTS FROM AREA HIGH SCHOOLS GATHERED AT  
THE DR PEPPER STAR CENTER IN FRISCO TO WATCH A STARS' MORNING PRACTICE,  
TOUR THE DR PEPPER STARCENTER, WHERE THEY LEARNED ABOUT THE FACILITY, THE  
ZAMBONI, AND THE HISTORY OF ICE HOCKEY AND THE DALLAS STARS.

THE STUDENTS PARTICIPATED IN A PANEL DISCUSSION WITH MEMBERS OF THE LOCAL

**SCHEDULE O  
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TELEVISION, RADIO, AND NEWSPAPER SPORTS MEDIA, AS WELL AS PLAYERS FROM  
THE DALLAS STARS HOCKEY TEAM.

EACH STUDENT WHO ATTENDED WAS ENCOURAGED TO WRITE AN ARTICLE ON THIS  
EXPERIENCE FOR HIS/HER SCHOOL NEWSPAPER. THE WINNING AUTHOR WAS INVITED  
TO SIT IN THE AMERICAN AIRLINES CENTER PRESS BOX DURING A DALLAS STARS  
HOME GAME, AS WELL AS HAVE THEIR ARTICLE PUBLISHED IN THE COMMUNITY  
SECTION ON THE DALLAS STARS WEBSITE.

NHL STREETSTARS

THE DALLAS STARS FOUNDATION'S EXTENSION OF THE NHL'S LEAGUE-WIDE STREET  
HOCKEY PROGRAM, NHL STREETSTARS, IS A GRASSROOTS YOUTH HOCKEY PROGRAM  
THROUGH WHICH STREET HOCKEY EQUIPMENT AND INSTRUCTION ARE PROVIDED TO  
LOCAL COMMUNITY CENTERS. THE NHL AND THE DALLAS STARS PROVIDE STICKS,  
RUBBER PUCKS, NO-BOUNCE BALLS, NETS AND PROTECTIVE GOALIE GEAR TO EACH  
SCHOOL/COMMUNITY CENTER, AS WELL AS START-UP STREET HOCKEY INSTRUCTION  
FOR COACHING STAFF AND ADMINISTRATION.

THROUGH THIS PROGRAM, THE DALLAS STARS AND THE NHL AIM TO NOT ONLY MAKE  
HOCKEY MORE ACCESSIBLE TO KIDS, BUT TO ALSO EXPAND AND DIVERSIFY THE NHL  
FAN BASE. THROUGH NHL STREETSTARS, THE NHL AND THE DALLAS STARS HOPE TO  
PROVIDE NHL TEAM COMMUNITIES WITH A SPORTS PROGRAM THAT PROMOTES  
EDUCATION, SPORTSMANSHIP AND FITNESS THROUGH PARTICIPATION IN HOCKEY,  
WHILE AT THE SAME TIME CREATING A LASTING CONNECTION BETWEEN NHL TEAMS

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
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**2008**

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AND THEIR LOCAL COMMUNITIES.

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

GENERAL STATEMENT 2

PART V: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

LINE 2A:

THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A IS NONE. THE SALARIES  
REFLECTED ON FORM 990, PART IX WERE ALLOCATED TO THE FOUNDATION BY DALLAS  
STARS, L.P. AND THEY ARE REPORTED ON THE FORM W-3, TRANSMITTAL OF WAGE  
AND TAX STATEMENTS, OF THE DALLAS STARS. THE FOUNDATION REIMBURSED THE  
DALLAS STARS FOR THE SALARIES, AND ALL OTHER EXPENSES INCURRED ON BEHALF  
OF THE FOUNDATION.

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

## GENERAL STATEMENT 3

## PART VI: GOVERNANCE, MANAGEMENT, &amp; DISCLOSURE

## LINE 8A &amp; 8B:

HISTORICALLY, DALLAS STARS FOUNDATION, INC. HAS NOT HAD A PROCEDURE FOR  
KEEPING MINUTES DURING MEETINGS OF ITS BOARD OF DIRECTORS. GOING FORWARD,  
MINUTES WILL BE KEPT.

## LINE 10:

THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION  
OF THE FORM 990 TO PREPARE THE FORM. THE FOUNDATION CONTROLLER REVIEWS  
THE RETURN AS PREPARED BY THE PREPARER.

## LINE 15A &amp; 15B:

THE FOUNDATION DOES NOT COMPENSATE ANY OF ITS OFFICERS OR DIRECTORS. ANY  
COMPENSATION PROVIDED TO THE OFFICERS OR DIRECTORS IS PROVIDED BY DALLAS  
STARS, L.P. AND A PORTION THEREOF IS ALLOCATED TO THE DALLAS STARS  
FOUNDATION FOR REIMBURSEMENT. AS SUCH, A PROCESS FOR DETERMINING THE  
COMPENSATION OF THESE INDIVIDUALS HAS NOT BEEN REQUIRED.

## LINE 19:

DALLAS STARS FOUNDATION, INC.'S GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>DALLAS STARS FOUNDATION INC.</b>	Employer identification number <b>75-2780401</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2601 AVENUE OF THE STARS</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FRISCO, TX 75034</b>	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ **MELISSA EMBRY**

Telephone No ▶ **214 387-5570**FAX No ▶ **214 387-5575**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year \_\_\_\_\_ or  
 ▶ ☒ tax year beginning **07/01, 2008**, and ending **06/30, 2009**

**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 4-2009)



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>DALLAS STARS FOUNDATION INC.</b>	Employer identification number <b>75-2780401</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2601 AVENUE OF THE STARS</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FRISCO, TX 75034</b>	

**Check type of return to be filed** (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **MELISSA EMBRY**

Telephone No. **214 387-5570**

FAX No. **214 387-5575**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **05/15/2010**

5 For calendar year ☐, or other tax year beginning **07/01/2008**, and ending **06/30/2009**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Dale P. Cook**

Title **CRA**

Date **2-5-10**

KPMG LLP

210 PARK AVE., SUITE 2850

OKLAHOMA CITY, OK 73102

Form 8868 (Rev. 4-2009)