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# Short Form Return of Organization Exempt From Income Tax

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** , **2009**, and ending

<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	<b>Please use IRS label or print or type.</b> <b>See Specific Instructions.</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>	
		FC DALLAS FOUNDATION		87-0757201	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
		1601 ELM STREET, SUITE 4000		4000	(214) 720-1600
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b> . . . ▶	
		DALLAS, TX 75201			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.FCDALLASFOUNDATION.ORG

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

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

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

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** . . . ▶ \$ 177,449.

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	109,494.				
2	Program service revenue including government fees and contracts . . . . .	2	25,750.				
3	Membership dues and assessments . . . . .	3					
4	Investment income . . . . .	4	63.				
5 a	Gross amount from sale of assets other than inventory . . . . .	5a					
5 b	Less cost or other basis and sales expenses . . . . .	5b					
5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c					
6	Special events and activities (complete applicable parts of Schedule-G) if any amount is from gaming, check here . . . . .						
6 a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	42,142.				
6 b	Less direct expenses other than fundraising expenses . . . . .	6b	27,541.				
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	14,601.				
7 a	Gross sales of inventory, less returns and allowances . . . . .	7a					
7 b	Less cost of goods sold . . . . .	7b					
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c					
8	Other revenue (describe ▶ ) . . . . .	8					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	149,908.				
10	Grants and similar amounts paid (attach schedule) . . . . .	10	7,075.				
11	Benefits paid to or for members . . . . .	11					
12	Salaries, other compensation, and employee benefits . . . . .	12	86,187.				
13	Professional fees and other payments to independent contractors . . . . .	13					
14	Occupancy, rent, utilities, and maintenance . . . . .	14	191.				
15	Printing, publications, postage, and shipping . . . . .	15					
16	Other expenses (describe ▶ ) . . . . .	16	53,869.				
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	147,322.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2,586.				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	27,279.				
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20					
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	29,865.				

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

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments . . . . .	22	41,007.	22	24,108.
23	Land and buildings . . . . .	23		23	
24	Other assets (describe ▶ ) . . . . .	24	1,028.	24	5,757.
25	<b>Total assets</b> . . . . .	25	42,035.	25	29,865.
26	<b>Total liabilities</b> (describe ▶ ) . . . . .	26	14,756.	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	27	27,279.	27	29,865.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ FC DALLAS FOUNDATION Telephone no ▶ 214-705-6700 Located at ▶ 9200 WORLD CUP WAY FRISCO, TX ZIP + 4 ▶ 75035		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If "Yes," enter the name of the foreign county. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .		X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  

46	X
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  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No  

47	X
----	---
  - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  

48	X
----	---
  - 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  

49a	X
-----	---
  - b If "Yes," was the related organization a section 527 organization? Yes No  

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

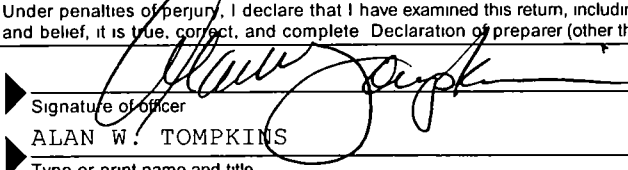
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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.

**Sign Here**

▶  Date 11/11/2010

▶ ALAN W. TOMPKINS DIRECTOR/VP

▶ Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature ▶ Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Check if self-employed

Preparer's identifying number (See instructions)

EIN ▶

Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	0	0	0	85,001	109,494	194,495
2 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 . . . . .	0	96,439	253,024	225,138	67,892	642,493
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
6 Total. Add lines 1 through 5 . . . . .	0	96,439	253,024	310,139	177,386	836,988
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						836,988

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	0	96,439	253,024	310,139	177,386	836,988
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	406	557	88	63	1,114
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	0	406	557	88	63	1,114
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	0	96,845	253,581	310,227	177,449	838,102
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input checked="" type="checkbox"/>

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or 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



**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))	
		AUCTIONS (event type)	LUNCHEON (event type)	3 (total number)		
Revenue	1	Gross receipts . . . . .	18,013.	17,925.	6,204.	42,142.
	2	Less. Charitable contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	18,013.	17,925.	6,204.	42,142.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	7,379.	10,692.	9,470.	27,541.
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 27,541.)
11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				14,601.	

**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 . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )
8	Net gaming income summary Combine line 1, column d, and line 7 . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in.		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶ _____  Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:  Name ▶ _____  Address ▶ _____		
<b>16</b>	Gaming manager information  Name ▶ _____  Gaming manager compensation ▶ \$ _____  Description of services provided ▶ _____  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17a</b>	<b>17</b> Mandatory distributions <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	63.
TOTAL	<u>63.</u>

ATTACHMENT 2

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
KICK OFF LUNCHEON	17,925.	10,692.	7,233.
CASINO NIGHT	5,604.	6,448.	-844.
NAME IN LIGHTS	600.		600.
SILENT AUCTIONS	17,240.	6,933.	10,307.
EBAY AUCTIONS	773.	446.	327.
CHARITY MATCH		3,022.	-3,022.
<b>TOTALS</b>	<u>42,142.</u>	<u>27,541.</u>	<u>14,601.</u>

FORM 990EZ, PART I - OTHER EXPENSES

COMMUNITY RELATIONS	18,946.
HISPANIC CLINIC SERIES	6,844.
KICKS FOR KIDDS PROGRAM	24,330.
BANK FEES	3,749.
TOTAL	<u>53,869.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	41,007.	24,108.
TOTALS	<u>41,007.</u>	<u>24,108.</u>

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	1,028.	5,757.
TOTALS	<u>1,028.</u>	<u>5,757.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>
ACCOUNTS PAYABLE	14,756.
TOTALS	<u>14,756.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FC DALLAS FOUNDATION CREATES AND SUPPORTS SOCCER-RELATED PROGRAMS, EVENTS, AND ORGANIZATIONS THAT POSITIVELY IMPACT AND ADVANCE THE LIVES OF LOCAL YOUTH, PARTICULARLY THOSE WHO MAY BE ECONOMICALLY, PHYSICALLY, OR MENTALLY DISADVANTAGED. THE FOUNDATION CONDUCTS NUMEROUS EVENTS AND PROGRAMS EACH YEAR, TYPICALLY WITHOUT CHARGE TO ANY PARTICIPANT, IN ORDER TO BENEFIT THE LOCAL COMMUNITY.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1ATTACHMENT 8

## GRANTS:

THE FOUNDATION MAKES GRANTS TO ORGANIZATIONS THAT POSITIVELY IMPACT AND ADVANCE THE LIVES OF LOCAL YOUTH THROUGH AMATEUR ATHLETIC COMPETITION AND THE DEVELOPMENT OF EDUCATIONAL EXPERIENCES AND RECREATIONAL PROGRAMMING FOR DISADVANTAGED YOUTH.

ATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 2

## KICKS FOR KIDS:

KICKS FOR KIDS IS ONE OF THE FOUNDATION'S PRIMARY PROGRAMS. IT HELPS THOUSANDS OF UNDERPRIVILEGED YOUTH IN THE DALLAS/FORT WORTH METROPLEX REACH THEIR POTENTIAL THROUGH EXPOSURE TO PROFESSIONAL SOCCER AND ITS ATHLETES.

ATTACHMENT 10PROGRAM SERVICE ACCOMPLISHMENT 3

## COMMUNITY OUTREACH AND PARTNERSHIPS:

THE FOUNDATION USES RESOURCES DONATED BY THE FC DALLAS SOCCER TEAM AND PIZZA HUT PARK TO PROMOTE THE FOUNDATION'S PROGRAMS IN THE COMMUNITY. THE FOUNDATION ALSO ESTABLISHES PARTNERSHIPS WITH OTHER NON-PROFIT GROUPS THAT SEEK TO BENEFIT YOUTH THROUGH FURTHER EDUCATIONAL AND/OR RECREATIONAL PROGRAMMING IN THE DALLAS/FORT WORTH METROPLEX. THESE PARTNERSHIPS INCLUDE INVOLVEMENT IN SUCH OTHER GROUPS' PROGRAMMING AND FUNDRAISING ACTIVITIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 11

TITLE AND AVERAGE  
HOURS PER WEEK  
DEVOTED TO POSITION

NAME AND ADDRESS

COMPENSATION

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS

EXPENSE ACCT.  
AND OTHER  
ALLOWANCES

JOHN A. WAGNER 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201	DIRECTOR/PRESIDENT 2.00	0.	0.	0.
ALAN W. TOMPKINS 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201	DIRECTOR/VP/SECRETARY 2.00	0.	0.	0.
RUSSELL W. BEIERSDORF 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201	DIRECTOR 2.00	0.	0.	0.
JULIE BRICE BEIERSDORF 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201	DIRECTOR 2.00	0.	0.	0.
LUIS F. HERNANDEZ 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201	DIRECTOR 2.00	0.	0.	0.

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

► **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>FC DALLAS FOUNDATION</b>	Employer identification number <b>87-0757201</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1601 ELM STREET, SUITE 4000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DALLAS, TX 75201</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 ► UNITY HUNT INC.

Telephone No ► 214 720-1600 FAX No. ► 214 720-1667

- 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 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_

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>	\$	0.
<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>	\$	0.
<b>c</b> <b>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>	\$	0.

**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.**

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 FC DALLAS FOUNDATION	Employer identification number 87-0757201
	Number, street, and room or suite no. If a P O box, see instructions 1601 ELM STREET, SUITE 4000	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DALLAS, TX 75201	

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

<input 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 checked="" 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  UNITY HUNT INC.  
Telephone No  214 720-1600 FAX No  214 720-1667
- 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

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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	\$	0.
8b	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	\$	0.
8c	Balance Due. 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	\$	0.

**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  Title CPA for Taxpayer Date 07-19-10

DANIELS & ERICKSON, P.C.  
12221 MERIT DRIVE, SUITE 760  
DALLAS, TX 75251

Form 8868 (Rev 4-2009)