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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A	or th	e 2009 c	alenda	r year, or ta	x year b	eginnii	ng		0	7/01	, 2009,	and	ending			06,	/30 ,2 0	10	
В	heck if ap			Name of organi	zation D	ALLAS	STAF	RS FO	UNDA	TION	INC.				Employer is	dentific	ation nui	nber	
	Addre		e IRS pel or	Doing Business	As										75-278	0401			
	7			Number and str	eet (or P (O box if n	nail is not	delivered	d to stre	et addr	ess)		Room/suit	e E	Telephone r	number			
	Initial		ype See 2	601 AVEN	UE OF	THE	STARS	S							(214) 38	37 – 5	526		
-	Termo	Sp.	ecific	City or town, sta											·				
	Amen	ded to	struc-	RISCO, T		-								ا	Gross recei	ots \$		574	,533.
-	return Applic	ation		and address			er .TE.E	FF CO	GEN					_	(a) is this a gro		for	Yes	X No
١	i pendu	ng		VENUE OF	•	•				750	3.4				affiliates? I(b) Are all affilia	ates inch	ıded?	Yes	⊢ No
_	Tay-ay	empt statu:		501(c) (3		insert no		4947(a)(1 1	527			┥.	If "No," atta		_		Ls
÷		te: N		1 201(0)(3) (insert no ,	<u>' </u>	4547(0)(1) 01		J21			┦,	I(c) Group exem			,	
<u></u>		of organizat		Corporation	Tru	et /	Associatio		Other	_		Τ,	Year of form					micile	TX
K	rt I	Sumn		Corporation	1 110	SI F	1550016110		Outer		·		1 1 6 6 1 1 1 1 1 1	nation	1 1330 111	State	or legal di	Jilliche	
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	1			he organization							T T D C /	EOB	T WORTH		ZWBODI EV	; — — - ·			
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Activities & Governance	1			► X If the	_					s or dis	sposed o	f mor	e than 25%	of its	s net assets	1			0
~5	3		_	members of	_	_	•												
ties	4			endent voting												. 4			7
Ę	5	Total nun	nber of e	employees (P	art V, line	e 2a)										. 5			0
Ac	6	Total nun	nber of v	volunteers (es	timate if	necessa	ıry)				 .					. 6			8
	7 a	Total gros	ss unrel	ated business	revenue	from Pa	art VIII, d	column ((C), lın	e 12						. 7a			
	b	Net unrel	ated bu	siness taxable	ncome	from Fo	rm 990-	T, line 3	4 .	<u></u>			<u> </u>		<u>.</u>	. 7b			0.
													ļ_		Prior Year		Çur	rent Y	
0	8	Contribut	ions and	d grants (Part	VIII, line	1h)									300,9	96.		276	<u>,273.</u>
nua	9	Program	service	revenue (Parl	t VIII, line	e 2g)										0.			0.
Revenue	10	Investme	nt incon	ne (Part VIII, d	column (A	A), lines	3, 4, and	d 7d) .					L			0.			,662.
	11	Other rev	enue (F	Part VIII, colun	nn (A), lir	nes 5, 6d	i, 8c, 9c,	, 10c, ar	nd 11e)			L		232,9	69.		209	,002.
	12	Total reve	enue - a	dd lines 8 thro	ough 11	(must eq	ual Part	-VIII, co	lumn-(A), line		- , .			533,9	65.		487	,937.
	13	Grants ar	nd sımıla	ar amounts pa	ud (Part I	IX, colun	nn (A), li	n e (2)(53)		W/F	<u>.</u>				260,9	04.		275	,650.
	13 Grants and similar amounts paid (Part IX, column (A), line (3) (5) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1							[0.				0.					
so	15	Salaries,	es, other compensation, employee benefits Par IX. column (A), lines 5-10 Par IX. column (A),											71,5		109	,837.		
Expenses	16 a	6 a Professional fundraising fees (Part IX, column (A) Tind 11e IAY 1 6 2011											0.			0.			
ē	Ь			expenses, Pa			10 -		• • •	24,5	533. ∭	Z				\neg			
ũ	17	Other ext	penses	(Part IX, colur	nn (A), lu	nes 11a-	11d. 11i	f-24f)⊃					+		107,6	79.		147	,146.
	18	Total exp	enses	Add lines 13-1	17 (must	equal Pa	art IX. co			25),		.			440,1				,633.
	19			penses Subtr	-	-							-		93,8				,696.
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ans c	20	Total ass	ets (Par	rt X, line 16)											560,7				,557.
Net Assets	21		-	Part X. line 26)											10,2		-		,709.
et /	22		•	nd balances S	ubtract l		om line 1		• • •	• • •	• • • •				550,5				,848.
	rt II		ature B		upliaci	110 21 11	OIII III III 2	20	· · · ·				• • • • • •		330,3	11.1			,010.
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For	m 990 (2009)		75-2780401	Page 2
Pa	Statement of Program	Service Accomplishments		
	Bnefly describe the organization SEE SCHEDULE O, GENER			
2	the prior Form 990 or 990-EZ?	any significant program services during		Yes X No
3		ducting, or make significant changes in l		Yes X No
4	If "Yes," describe these changes	on Schedule O chievements for each of the organization's		
-	Section 501(c)(3) and 501(c)(4)	organizations and section 4947(a)(1) trus xpenses, and revenue, if any, for each prog	sts are required to report the amount of	
4a	(Code) (Expenses	s\$ 379,713. Including grants of \$ _AL STATEMENT 1	275,650.) (Revenue \$)
4b	(Code) (Expense	s\$including grants of \$) (Revenue \$)
4c	(Code) (Expenses	s including grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$ income		evenue \$	
4e	Total program service expense)	
				Form 990 (2009)

rail	Checklist of Required Schedules	_		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	$\frac{\hat{x}}{x}$	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	_^	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
•	Schedule C, Part II	4		x
5	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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	*4		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	-		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	٤,	,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ేస		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ð	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	- 1	.,
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	V.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	10	Ų.	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	X	Х
		٤V		Λ

Form **990** (2009)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	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 lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C		24c		
_	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	_		v
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L.	1		
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
30		30		Х
	conservation contributions? If "Yes," complete Schedule M	30	-	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		,,	
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	· · ·		
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	10 Reservation and an including to complete confedence of the state of			

Part	Statements Regarding Other IRS Filings and Tax Compliance			
		T485, 30	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Act Car	
	U.S. Information Returns Enter -0- if not applicable	Service Service	8.0	350 s 8
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1500		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	'g ' ".	,	** /
	gaming (gambling) winnings to prize winners?	1c	Х	
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.		•	,
	Cutomond, mod for the defender your change with the your povered by the return.	┨ 1		į
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
	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		Х
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	34	\.\d	,
	and Financial Accounts	.a	<i>.</i>	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	gd 5 , s *	
	Organizations that may receive deductible contributions under section 170(c).	l₊ `.l	2.	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- " "	
	and services provided to the payor?	7a 7b	- X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
	required to file Form 8282?	7c	ı	Х
	If "Yes," indicate the number of Forms 8282 filed during the year	"		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	" 1 " " " " " " " " " " " " " " " " " "	3	T7
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	* ***	4),	S .
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		- `	- (>
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			~
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	, , ,		. '	
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a		.	
	Gross income from other sources (Do not net amounts due or paid to other sources against	' '	:	
	amounts due or received from them)	' '	<u>.</u>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	7	, 5	· · · · · · ·
		Form	990 ((2009)

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

Sect	ion A. Governing Body and Management			
			Yes	No
4.	Enter the number of voting members of the governing body			
1a	Enter the humber of voting members of the governing body	1		
Ъ	Effet the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	١,		х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		
	of the governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	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?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		-	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
iou	with a taxable entity during the year?	16a		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	· ou		
U	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?	16h		
Sect	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			- -
18		')		
	available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request			
4-				
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			
	organization PMELISSA EMBRI 2001 AVENUE OF THE STARS FRISCO, 1X 75034 (214) 387-5570			
	(514) 201-0010			

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Form **990** (2009)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- 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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Or director	Institutional trustee	Officer	a Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LORA FARRIS EXECUTIVE DIRECTOR	16.00	х		х				32,250.	0	. 0
CASEY COFFMAN SECRETARY	1.00	х		х				0.	0	. 0
ROBERT HUTSON TREASURER	1.00	Х		х				0.	0 .	0
GEOFF MOORE EXECUTIVE VP	1.00	Х		х				0.	0	0
CARLA ROSENBERG EXECUTIVE DIRECTOR	16.00	Х		х				55,125.	0.	0
JEFF COGEN CHAIRMAN OF THE BOARD	1.00	х		х				0.	0	0
KRISTIN REAUGH DIRECTOR	1.00	х						0.	0	
ROB SCICHILI DIRECTOR	1.00	х						0.	0	0
KELLY TURCO DIRECTOR	1.00	х						0.	0	0
BRETT HULL DIRECTOR	1.00	х						0.	0.	0
										·

Form 990 (2009)

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Part VII Section A. Officers, Directors, Tru	ıstees, K	ey En	nple	oye	es,	and	Hig	hest Compensa	ted Employees	continued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		Ö	tee			nsated				and related organizations
							Ļ	07.075		
1b Total							COLV	87,375.	0.000.45	. 0
2 Total number of individuals (including but not lim reportable compensation from the organization			eua)	DOV	e) w	/110 TE	Ceiv	red more than \$100	7,000 111	
									·	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes, "complete Schedule"										3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th		150	,000)?	If "Y	es,	" complete Sched		4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c Sched	omp lule	ens J fo	atio r <i>su</i>	n fro	om <i>rsor</i>	any unrelated o	organization for	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	compensat	ed ır	dep	end	lent	con	tract	tors that received	d more than \$10	00,000 of
(A) Name and business add	ress							(B) Description of ser	vices ((C) Compensation
NONE							+			
			_							
							F			
Total number of independent contractors (in more than \$100,000 in compensation from the contractors of the compensation from the compensation from the contractors.)	ncluding bi	ut not	lin	nited	d to	thos	e I	isted above) who	received	
more train \$100,000 in compensation from th	o vigariizai		-			<u> </u>				~ (.5.5° ~ ")

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Par	t 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				
Contributions, grffs, grants and other similar amounts	1a b c	, distributing systems	,550.								
utions, gri er similar	d e f	Related organizations		•		**	, ,				
Contrib and oth	g	and simple amounts not more above	,723 ,953	276,273	+						
enne	2a	Business		2.6,273							
Program Service Revenue	b c										
am Ser	d e										
Prog	f g	All other program service revenue		0.	:		:				
	3	Investment income (including dividends, interest, and other similar amounts)	>	2,662 0			2,662				
	5	Royalties	▶ onal	0			·				
	6a b	Gross Rents					,				
	d d	Rental income or (loss)		0		'					
	7a b	assets other than inventory Less cost or other basis		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			, , ,				
	c d	and sales expenses Gain or (loss)		· · · · · · · · · · · · · · · · · · ·							
anue	8a	Gross income from fundraising events (not including \$63,550		***	<						
Other Revel			6,298								
Ö	b c 9a	Less direct expenses	▶	29, 913			29,913.				
	Ь	See Part IV, line 19	0,781								
	10a	Net income or (loss) from gaming activities		87,711			87,711				
			9,440.	91,378			91,378				
	11a	Miscellaneous Revenue Business					-				
	b										
	1	Total Add lines 11a-11d		0							
_	12	Total Revenue See Instructions	🟲	487,937			211,664.				

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	270,650.	270,650.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to governments,		ļ		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	40,289.		40,289.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	53,725.		53,725.	
8	Pension plan contributions (include section 401(k))			1 000	
	and section 403(b) employer contributions)	1,991.		1,991.	· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits	5,939.		5,939.	
10	Payroll taxes	7,893.		7,893.	
11	Fees for services (non-employees)				
	Management	0.			
	Legal	0.		0.206	
	Accounting	8,396.		8,396.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			<u> </u>
	Investment management fees	0.		-	
_	Other		1 000	0.02	8,613.
12	Advertising and promotion	11,497.	1,992.	892. 586.	
13	Office expenses	3,265.	1,676.	300.	1,003.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	972.	92.	459.	421.
17	Travel	312.	92.	433.	721.
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials Conferences, conventions, and meetings	0.			
19		0.		·	
20	Interest	0.			
21 22	Payments to affiliates	0.			
23		0.			
24	Other expenses Itemize expenses not	<u> </u>			
	Other expenses Itemize expenses not covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	CHARITABLE PROGRAMS	90,235.	88,235.	-	2,000.
	PRIZES AND DECORATION	21,302.	11,306.		9,996.
_	BANK & CREDIT CARD CHARGES	7,815.		7,815.	•
	MERCHANDISE	2,500.			2,500.
	MISCELLANEOUS	1,164.	762.	402.	· · · · · · · · · · · · · · · · · · ·
	All other expenses				
	Total functional expenses Add lines 1 through 24f	532,633.	379,713.	128,387.	24,533.
	Joint Costs. Check here ▶ If following	·			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
JSA 1052 1 (Form 990 (2009)

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Form 990 (5-2/80401		Page 11
Part X	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	560,794.	2	511,987.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	20,570
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
"	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
왕 7	Notes and loans receivable, net		7	
Assets 7			8	
	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment cost or 10a			
	other basis Complete Part VI of Schedule D		40.	
	Less accumulated depreciation		10c	
11	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	560,794.		532,557
17	Accounts payable and accrued expenses	10,250.		26,709
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 52	Payables to current and former officers, directors, trustees, key			
a	employees, highest compensated employees, and disqualified			
=	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	10,250.	26	26,709.
sa	Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
<u>ह</u> 28	Temporarily restricted net assets		28	
© 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34.			
တ္ဆို 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds	550,544.	32	505,848.
₹ 33	Total net assets or fund balances	550,544.	33	505,848.
34	Total liabilities and net assets/fund balances	560,794.	34	532,557.
	Total national and not additional additional and additional and additional additional additional and additional additiona	300,734.	J-4	532, 557.

Form **990** (2009)

Page 12 Form 990 (2009) **Financial Statements and Reporting** Part XI Yes No Cash X Accrual Other Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 20**n**g Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number DALLAS STARS FOUNDATION INC. 75-2780401 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). 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 c Type III - Functionally integrated b Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 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) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (ii) EIN (III) Type of organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9) the organization in organization in col (i) listed in your organization in col support above or IRC section col (i) of your support? governing document? (i) organized in the (see instructions)) US7 Νo Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Total

Par	(Complete only if you chec)(1)(A)(IV) a	nd 170(b)(1)(A)(VI)
Sec	ion A. Public Support		1			·	
Cale	ndar 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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	,,		* 5 65		*****	
5	The portion of total contributions by each	, , ,	* 2 , 5 ,	" × ;*			
	person (other than a governmental unit or	1 *		, *			
	publicly supported organization) included					"	
	on line 1 that exceeds 2% of the amount			•	\$, .	
	shown on line 11, column (f),				· · · · · · · · · · · · · · · · · · ·		
6	Public support. Subtract line 5 from line 4	<u></u>		.	<u> </u>		
	tion B. Total Support	T (-) 2005	(b) 2006	(=) 2007	(d) 2008	1 (a) 2000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
7	Amounts from line 4	F 2 - 2	 				•
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, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10		<u> </u>			<u> </u>	
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here	<u> </u>	 				
Sec	tion C. Computation of Public Sup					T	
14	Public support percentage for 2009 (lin				• • • • • • • •	14	<u>%</u>
15	Public support percentage from 2008 S					15	%
16a	33 1/3 % support test - 2009. If the	-					
	this box and stop here. The organization						
þ	33 1/3 % support test - 2008. If the						
4-	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	or more, and if the organization m						
	Part IV how the organization meets						ppported
b	organization	2008. If the or	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the org	anızatıon meet	s the "facts-and	-circumstances	' test, check t	his box and st o	p here.
	Explain in Part IV how the organization supported organization						publicly
18	Private foundation. If the organization	on did not che	ck a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	1
	instructions		<u> </u>	<i></i>			
					5	Schedule A (Form 99	0 or 990-EZ) 2009

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

Sect	ion A. Public Support						
	_	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	lendar year (or fiscal year beginning in)	(4, 2000	(5/ 2555	(0) 201	(=) ====		()
1	3 ,						
	membership fees received (Do not include						
_	any "unusual grants ")	303,811	503,986.	291,655.	300,996	276,274.	1,676,722.
2	Gross receipts from admissions merchandise						
	sold or services performed, or facilities		i				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0.	0	82,505.	77,437	100,818.	260,760
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					İ	
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities		-				
_	furnished by a governmental unit to the						
	organization without charge					1	
6	Total. Add lines 1 through 5	303,811.	503,986.	374,160.	378,433.	377,092.	1,937,482
	Amounts included on lines 1, 2, and 3	303,611.	503, 580.	374,160.	373,433.	377,032.	1,551,402
/ 4			•				
ь	received from disqualified persons 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	122,541.	88,500	82,744	162,081	85,504	541,370
	Add lines 7a and 7b	122,541.	88,500	82,7 44	162,081	85,504	541,370.
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>				1	1,396,112
Sect	tion B. Total Support			r •			
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	303,811.	503,986.	374,160	378,433.	377,092.	1,937,482
10 a	Gross income from interest, dividends,	}					
	payments received on securities loans, rents, royalties and income from similar						
	sources	1,088.	953.	0.	0.	2,662.	4,703
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,088	953	0	0	2,662	4,703
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly	8,758	-59,614	175,659.	163,324	117,624	405,751
4.0	carned on	37.30	32,714				,
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						
12	Total support (Add lines 9, 10c, 11,						
13				FAC 016		467.330	0.247.026
	and 12)	313,657	445, 325.			497, 378.	2,347,936.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here			<u> </u>			
	tion C. Computation of Public Sur			(5)		45	50 460
15	Public support percentage for 2009 (line 8, c					15	59.46%
16	Public support percentage from 2008 Schedu					16	57.15%
Sec	tion D. Computation of Investmen				_		
17	Investment income percentage for 2009 (lii	ne 10c, column (f)	divided by line 13	, column (f))		17	.20%
18	Investment income percentage from 2008					18	.14%
19 a	33 1/3 % support tests - 2009. If the o	rganization did n				e than 331/3 %, a	
	17 is not more than 33 1/3 %, check the		-				
ь	33 1/3 % support tests - 2008 If the org	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 33 1/3	%, and
	line 18 is not more than 331/3 %, check						
~~	Private foundation If the organization						- 1 1

20 F JSA 9E1221 1 000

Page 4

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

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047

Inspection Internal Revenue Service Employer identification number Name of the organization DALLAS STARS FOUNDATION INC. 75-2780401 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants e а f Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of (or retained by) (or retained by) from activity contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

Pa	ηų	more than \$15,000 on Form					ortea	
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 NONE	(c) Other Events	(d) Tota (add col. (a) throu	
-			(event type)	(event type)	(total number)	CO1	(c))	
Revenue		Gross receipts	119,838.				119,	838
œ	2	Less Charitable contributions	63,550.			ļ	63,	550
	3	Gross income (line 1 minus line 2)					56.	288
		minus into 2)	3,255					
		Cash prizes						
es	5	Noncash prizes					6.	000
Direct Expenses		Food and beverages						334
rect E								
۵		Entertainment	1				1.0	041
	9	Other direct expenses	10,041.	1			10,	
		Direct expense summary Add lines 4 Net income summary Combine line 3,	-			(26,3	913
Pa						rted more		
	_	than \$15,000 on Form 990-E						
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
Reve	1	Gross revenue			138,492.		138,	492
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes					, , , ,	
Direct	4	Rent/facility costs						-
	5	Other direct expenses			50,781.		50,	781
	6	Volunteer labor	Yes%	% Yes%	X Yes 66.0000 % No			
	7	Direct expense summary Add lines 2	through 5 in column (d)			(50,7	81.)
	8	Net gaming income summary. Combin	ne line 1, column d, and l	ine 7			87,	711
9	Е	Enter the state(s) in which the organization	on operates gaming activ	rities TX			Yes	No
	a Is	s the organization licensed to operate ga f "No," explain				9a		Х
	1	DALLAS STARS FOUNDATION USE ACTIVITIES. AS SUCH, LICENS			ATE THE GAMING			
		Vere any of the organization's gaming lic f "Yes," explain	censes revoked, suspend	led or terminated during	the tax year?	10a		X
	-	· ·						
11		Ooes the organization operate gaming ac				11	х	
12		s the organization a grantor, beneficiary	or trustee of a trust or a	member of a partnership	o or other entity	12		y

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Sched	tule G (Form 990 or 990-EZ) 2009 75-278 0 4 0 1			ſ	Page 3
		r		Yes	No
13	Indicate the percentage of gaming activity operated in				
	The organization's facility				
b	An outside facility				
14	Enter the name and address of the person who prepares the organization's gaming/spec	al events books			
	and records	İ	ĺ		
	N A MELICOA EMPRY		ĺ		
	Name ► MELISSA EMBRY				
	Address ► 2601 AVE. OF THE STARS FRISCO, TX 75034				
	Addless P 2001 Mail of the other throad, in 7000.				
15 a	Does the organization have a contract with a third party from whom the organization	receives gaming			
	revenue?		15a		Х
b	If "Yes," enter the amount of gaming revenue received by the organization				
	amount of gaming revenue retained by the third party		-		
С	If "Yes," enter name and address of the third party				
	Name				
	Address >				
16	Gaming manager information				
10	Ganing manager information				
	Name ► GEOFF MOORE, EXECUTIVE VP				
	Gaming manager compensation >\$ 0.				
	Description of services provided ▶ RESPONSIBLE FOR THE CASINO NIGHT EVENT				
			ļ		
	X Director/officer Employee Independent contractor				
			- 1		
17	Mandatory distributions	,			
а		• '	47.		v
h	retain the state gaming license?	_	1/a		<u> </u>
D	or spent in the organization's own exempt activities during the tax year > \$	npt organizations		1	
	ar appear are argumentation and another activities defining the tax year pro-	1		- 1	

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public

Inspection Employer identification number

75-2780401

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.		DUNDATION INC.
Department of the Treasury nternal Revenue Service	vame of the organization	DALLAS STARS FOUNDATION INC.

Part I General Information on Grants and Assistance

7

Yes No	to 00. Use
The books me organization maintain records to substantiate the amount of the grants of assistance, and the selection criteria used to award the grants or assistance? The selection criteria used to award the grants or assistance? 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" to 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 II Grants and Other Assistance to Governments	o Governme		and Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	tion answered "Ye	is" to
Form 990, Part IV, line 21, for any recipient that Part IV and Schedule I-1 (Form 990) if additional	ny recipient ti 990) if additic		received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	neck this box if no	one recipient rece	ived more than \$5	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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
BIG_THOUGHT	75-2170035		000				SAMES CHAMES TANGELS
CENTRAL DALLAS FOOD PANTRY PO BOX 710385 DALLAS, TX 75371	75-2332948	501 (C) (3)	10,000				FOOD SUPPLY
COLLIN COUNTY CHILDREN'S ADVOCACY, INC	75-2389095	501 (C) (3)	7,500				SEITAGNS TOOHOS
CHILDREN'S MEDICAL CENTER	75-0800628	501 (C) (3)	20,000				CHILDREN'S PLAYROOM
CHRISTIAN COMMUNITY ACTION	23-7319371	501 (C) (3)	000'8				SCHOOL SUPPLIES
CLAYTON DABNEY FON FOR KIDS WITH CANCER 6500 GREENVILLE AVE #342 DALLAS, TX 75206	75-2641482	501 (C) (3)	15,000.				GENERAL SUPPORT
COMMUNITY PARTNERS OF DALLAS	75-2468034	501 (C) (3)	7,500.				KIDS IN CRISIS PROGRAM
<u>DALLAS CASA</u>	75-1866204	501(C) (3)	20,000				EMERGENCY SUPPLIES
DALLAS LIFE FOUNDATION, INC. 1100 CADIS STREET DALLAS, TX 75215	75-2336522	501 (C) (3)	10,000.				FOOD SUPPORT
FLASHES OF HOPE, INC 04-364	04-3648694	501(C) (3)	7,500				FOOD SUPPORT
IRVING_CARES_LING	75-1436937	501 (C) (3)	8,000.				FOOD SUPPORT
JEFFRIES STREET LEARNING CENTER 3001 GRAND AVENUE DALLAS, TX 75215	75-2272789	501 (C) (3)	10,000.				FITNESS PROGRAM
2 Enter total number of section 501(c)(3) and government organizations	d government	organizations	• • • • • • • • • • •			A : : : : : : : : : : : : : : : : : : :	19

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PAGE 24

Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009			75-2780401			Page 2
Part III	Grants and Other Assistance to Individua Use Part IV and Schedule I-1 (Form 990) if	dividuals in th 990) if additio	Is in the United States. Co additional space is needed.	 Complete if the sded. 	organization answered	ils in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 additional space is needed.	
	(a) Type of grant or assistance	(b) Number of reapients	(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		provide the infor	mation required	n Part I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information	
SUPPLE	SUPPLEMENTAL INFORMATION 1						
PART I	LINE 2: PROCEDURES FOR MONITORIN	TORING THE	USE OF GRANT	T FUNDS			\$ \$ 1 5
DALLAS	DALLAS STARS FOUNDATION, INC. REQUIRES	RES THAT G	THAT GRANT RECIPIENTS PROVIDE	NTS PROVIDE A			
REPORT OF	THE USE OF GRANT FUNDS.	HE REPORTS	TYPICALLY I	THE REPORTS TYPICALLY INCLUDE COPIES OF	OF		
INVOICE	INVOICES, PRESS RELEASES, PICTURES,	AND	OTHER INFORMATION REGARDING	LEGARDING_THE	EI		1
PROJECT	PROJECTS ON WHICH THE FUNDS WERE USED.	SED.			 		
						•	
						Schedule I (Form 990) 2009	90) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury

► Attach to Form 990 to list additional information for

Continuation Sheet for Schedule I (Form 990)

Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

HILDREN'S SERVICES Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance HELTER PROGRAM CHOOL SUPPLIES SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT THOPPORT Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) 75-2780401 (g) Description of non-cash assistance (d) Amount of cash grant assistance (book, FMV, appraisal, other) 25,000. 6,000 7,000. 10,000 10,000 10,000. 10,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 75-2389331 13-5644916 23-7169388 75-2180083 75-2137522 75-2912028 75-1785357 (p) EIN 402 N GOOD LATIMER EXPWY DALLAS, TX 75204 16250 KNOLL TRAIL, STE 210 DALLAS, TX 75248 4500 S COCKRELL HILL RD DALLAS, TX 75236 8111 LBJ FPEEWAY, STE 425 DALLAS, TY 75251 DALLAS STARS FOUNDATION INC. THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 8733 LA PRADA DRIVE DALLAS, TX 75228 NEXUS RECOVERY CENTER INCORPORATED (a) Name and address of organization or government 224 W PAGE AVE DALLAS, TX 75208 PO BOX 140085 DALLAS, TX 75214 SHARED HOUSTING CENTER, INC. TEXAS HOME ACCESS FUND INC PROMISE HOUSE, INC. NORTH TEXAS FOOD BANK JONATHAN'S PLACE Name of the organization Partl

Schedule I-1	Schedule 1-1 (Form 990) 2009 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III	ssistance to Indi	75- viduals in the Uni	-2780401 ted States (Schedule	I (Form 990), Part III)	Page 2
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of va luation (book, FMV, appraisal other)	(f) Description of non-cash assistance
		•				
				į		
•						
]						

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Schedule I-1 (Form 990) 2009

SCHEDULÈ M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

75-2780401

	LAS STARS FOUNDATION INC	•			73-276040			
Par	Types of Property			-				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) of determ evenues	ining	
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous ,							
13	Qualified conservation							
	contribution-Historic							
	structures							
14	Qualified conservation	İ						
	contribution-Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles				<u> </u>			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(STARS TICKETS)	X	152	7,603.				
26	Other ►(HULL HOF PUCKS)	X	150	32,442.				
27	Other ►(HOCKEY MERCH.)	Х	189	11,908.				
28	Other ►(SIGNED JERSEY)	Х	1	8,000.	FMV			
29	Number of Forms 8283 received by			contributions for				
	which the organization completed Fo	orm 8283, Pa	irt IV, Donee Acknowledgen	nent	. 29			
							Yes	No
30 a	During the year, did the organization			•				
	it must hold for at least three year	rs from the	date of the initial contribu	ition, and which is not re	equired to be		ŀ	
	used for exempt purposes for the e	-	period?			30a		X
þ	If "Yes," describe the arrangement in							
31	Does the organization have a	gift accept	ance policy that require	es the review of any	non-standard			
	contributions?					31		<u> </u>
32 a	Does the organization hire or use	•	•	•				
	contributions?					32a	l	<u> </u>
b	If "Yes," descлbe in Part II							
33	If the organization did not report re	evenues in c	column (c) for a type of pro	perty for which column (a) is checked,		- 1	
	describe in Part II					1 1	1	

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

Schedule M (Form 990) 2009

Schedule M (F	orm 990) 2009		75-2780401	Page 2
Part II	Supplement 32b, and 33	al Information. Also complete	. Complete this part to provide the information required by Part I, lines 30th this part for any additional information	Э,
				
	- -			
				· -
			+	
				- -
				
	·			
		- 	·	
				<u>-</u>
	-			

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047 Open to Publ 2009

Inspection

Department of the Treasury Internal Revenue Service

DALLAS STARS FOUNDATION INC. Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36 Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ

Employer Identification number 75-2780401

Part I	Liquidation, Termination, or	Dissolution.Co	emplete this part if	the organization answe	red "Yes" to F	Liquidation, Termination, or Dissolution.Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line	J-EZ, line
	36 Use Schedule N-1 if additional space is i		peded				
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					•		

8	Did or will any officer, director, trustee, or key employee of the organization	
æ	a Become a director or trustee of a successor or transferee organization?	:

Become an employee of, or independent contractor for, a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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

Schedule N (Form 990 or 990-EZ) 2009

Yes No

8

29

29

20

75-2780401

Page 2

Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution(continued)	Dissolution(co	intinued)					
Note If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	assets during the ta	x year, then Form 990	i, Part X, column (B) should equ	al -0-		Yes	S.
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	cordance with its o	joverning instrument(s)? If "No," describe in Part III			e :	•
4a Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?	er from IRS that the	organization's exemp	t status was terminated?	•		E	-
b If "Yes," provide the date of the letter	After section sections sections	Attach a copy of the	Attach a copy of the letter and, if applicable, the organization's request for the letter	lanization's reques	or the letter		
54 is the organization required to notify the attorney general of other appropriate state ornical or its intent to dissolve, injuriate, or terminate. b If "Yes," did the organization provide such natice?	riey general of our	appropriate state or	וכומו טי וגא ווונפווג גט טואסויעה, ווקני	iloate, oi terrimate		3 <i>E</i>	-
	littes in accordance with	:				9	-
a	nds outstanding du	٠				7a	
	x-exempt bond liab	lities in accordance wi	th the Internal Revenue Code			ď	
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III	ton defeased or ot	herwise settled these I	iabilities If "No," explain in Parl	III			
Part II Sale, Exchange, Disposition, or Other Transfe "Yes" to Form 990, Part IV, line 32, or Form 990	i, or Other Tr a ne 32, or Form	insfer of More T 990-EZ, line 36	er of More Than 25% of the Organization's Assets. Comp-EZ, line 36 Use Schedule N-1 if additional space is needed	nization's Ass ditional space	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36 Use Schedule N-1 if additional space is needed	nzation an	swered
(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution		(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity	ction of (s) (if or type ty
CASH GRANTS-SEE SCHEDULE I	VARIOUS	275,650	САЅН	VARIOUS	i gringahos gas	501 (C) (3)	
	3	1				3	Yes No
 but or will any outcet, unecon, trostee, or key erriproyee or trie organization: a Become a director or trustee of a successor or transferee organization? 	/ employee or me c or transferee organ	iganization ization?					×
b Become an employee of, or independent contractor for, a successor	itractor for, a succe	or t	anization?			8	×
c Become a direct or indirect owner of a successor or transferee organization?	ssor or transferee	organization?				22	×
	n or other similar p	ayments as a result of	the organization's significant di	sposition of assets		PZ :	×
e if the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III	the questions in thi	s line, provide the nam	ie of the person involved and ex	plain in Part III	Schedule N (Form 990 or Form 990-EZ) 2009	r Form 990-EZ	3 2009

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

ATTACHMENT 1

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 \$270,650.

OTHER PROGRAMS - TOTAL \$109,063.

OTHER PROGRAMS INCLUDE:

COMMUNITY TICKETS

STICK WITH READING

HIGH SCHOOL MEDIA DAY

HOCKEY FIGHTS CANCER

TICKETS FOR KIDS

M CLUB SECTION:

DALLAS STARS GOALTENDER #35 MARTY TURCO CONTINUES HIS WINNING TRADITION

Employer identification number 75-2780401

DALLAS STARS FOUNDATION INC.

ATTACHMENT 1 (CONT'D)

OF BRINGING THE MAGIC OF DALLAS STARS HOCKEY TO AREA YOUTH. 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 2009-2010 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 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

Page 2

Schedule O (Form 990) 2009

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401 ATTACHMENT 1 (CONT'D)

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 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.

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ATTACHMENT 1 (CONT'D)

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 2010 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 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.

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Name of the organization

DALLAS STARS FOUNDATION INC.

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ATTACHMENT 1 (CONT'D)

GENERAL STATEMENT 2

PART V, LINE 2A: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE
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.

GENERAL STATEMENT 3

PART VII: SECTION A. GOVERNING BODY AND MANAGEMENT

LINE 11A:

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.

GENERAL STATEMENT 4

PART VI: SECTION C. DISCLOSURE

LINE 19:

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