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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

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)

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

A For the 2010 calendar year, or tax year beginning

07/01, 2010, and ending

06/30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

DALLAS STARS FOUNDATION INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2601 AVENUE OF THE STARS

Room/suite

City or town, state or country, and ZIP + 4

FRISCO, TX 75034

F Name and address of principal officer

LORA FARRIS

2601 AVENUE OF THE STARS, FRISCO, TX 75034

D Employer identification number

75-2780401

E Telephone number

(214) 387-5526

G Gross receipts \$ 668,108.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998 M State of legal domicile TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO THE CHILDREN OF THE DALLAS/FORT WORTH METROPLEX.		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	40.
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-B, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	276,273.	359,834.
Expenses	10	Investment income (Part VIII, column (A), lines 3-4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,662.	776.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,002.	188,021.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	487,937.	548,631.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	275,650.	285,346.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	109,837.	104,706.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,535.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	147,146.	85,178.
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	532,633.	475,230.
Net Assets or Fund Balances	19	Revenue less expenses - Subtract line 18 from line 12	-44,696.	73,401.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	532,557.	818,157.
	22	Net assets or fund balances - Subtract line 21 from line 20	26,709.	238,908.

Part II Signature Block

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	Signature of officer	Date	
	Melissa Embury Treasurer	5/15/12	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MORGAN L. SOUZA	Morgan L Souza	05/14/2012
	Firm's name ▶ KPMG LLP	Check if self-employed <input type="checkbox"/>	PTIN P00652612
	Firm's address ▶ 210 PARK AVE, SUITE 2850 OKLAHOMA CITY, OK 73102	Firm's EIN ▶ 13-5565207	Phone no 405-239-6411
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

SEE SCHEDULE O, GENERAL STATEMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 301,017 including grants of \$ 285,346) (Revenue \$ _____)

SEE SCHEDULE O, GENERAL STATEMENT 1

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

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

4e Total program service expenses **▶** 301,017.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c 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		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
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 (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
25 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? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
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)		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	

Form 990 (2010)

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7	
b Enter the number of voting members included in line 1a, above, who are independent	1b 2	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
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
b 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		
a 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	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**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.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 1										
(1) LORA FARRIS EXECUTIVE DIRECTOR/CHAIRMAN	40.00	X		X				40,431.	0.	3,269.
(2) CASEY COFFMAN SECRETARY	1.00	X		X				0.	253,076.	8,481.
(3) ROBERT HUTSON VICE PRESIDENT/TREASURER	1.00	X		X				0.	221,807.	12,626.
(4) GEOFF MOORE EXECUTIVE VICE PRESIDENT	1.00	X		X				0.	246,390.	12,342.
(5) JEFF COGEN CHAIRMAN OF THE BOARD	1.00	X		X				0.	602,995.	1,648.
(6) ROB SCICHILI SECRETARY	1.00	X		X				0.	91,835.	7,996.
(7) KELLY TURCO DIRECTOR	1.00	X						0.	0.	0.
(8) BRETT HULL DIRECTOR	1.00	X						0.	367,616.	0.
(9) BEN CAHALANE DIRECTOR	1.00	X						0.	227,534.	14,456.
(10) TINA NIEUWENDYK DIRECTOR	1.00	X						0.	0.	0.
(11) KRISTIN REAUGH DIRECTOR	1.00	X						0.	0.	0.
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
1b Sub-total								40,431.	2,011,253.	60,818.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								40,431.	2,011,253.	60,818.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	97,000			
	d	Related organizations	1d	12,023			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	250,811			
	g	Noncash contributions included in lines 1a-1f \$		12,023			
	h	Total. Add lines 1a-1f		359,834			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		776			776
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents.					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 97,000 of contributions reported on line 1c) See Part IV, line 18	a	109,976			
	b	Less direct expenses	b	66,428			
	c	Net income or (loss) from fundraising events		43,548			43,548
	9a	Gross income from gaming activities See Part IV, line 19	a	153,986			
	b	Less direct expenses	b	46,847			
	c	Net income or (loss) from gaming activities		107,140			107,140
	10a	Gross sales of inventory, less returns and allowances	a	43,535			
b	Less cost of goods sold	b	6,202				
c	Net income or (loss) from sales of inventory		37,333			37,333	
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		548,631			188,797	

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)

Do not include amounts reported on lines 6b, 7b, 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 . . .	285,346.	285,346.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, 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	42,500.		42,500.	
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 salaries and wages	44,637.		44,637.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,650.		1,650.	
9 Other employee benefits	8,266.		8,266.	
10 Payroll taxes	7,653.		7,653.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	9,062.		9,062.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	11,970.	4,735.	7,235.	
13 Office expenses	7,523.	3,547.	3,976.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	2,731.	30.	912.	1,789.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MERCHANDISE</u>	28,746.			28,746.
b <u>MEALS AND ENTERTAINMENT</u>	9,442.		9,442.	
c <u>STICK WITH READING PRIZES</u>	7,359.	7,359.		
d <u>CREDIT CARD FEES</u>	3,939.		3,939.	
e <u>MISCELLANEOUS</u>	4,406.		4,406.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	475,230.	301,017.	143,678.	30,535.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	511,987.	2	746,546.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,570.	4	71,611.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	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)	532,557.	16	818,157.	
Liabilities	17 Accounts payable and accrued expenses	26,709.	17	238,908.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key 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	26,709.	26	238,908.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	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	505,848.	32	579,249.
	33 Total net assets or fund balances	505,848.	33	579,249.
34 Total liabilities and net assets/fund balances	532,557.	34	818,157.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	548,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	475,230.
3	Revenue less expenses Subtract line 2 from line 1	3	73,401.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	505,848.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	579,249.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? 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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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, 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						
12 Gross receipts from related activities, etc (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	503,986	291,655	300,996	276,274	359,834	1,732,745
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	82,505	77,437	100,818	43,535	304,295
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	503,986	374,160	378,433	377,092	403,369	2,037,040
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	88,500	82,744	162,081	85,504	85,517	504,346
c Add lines 7a and 7b	88,500	82,744	162,081	85,504	85,517	504,346
8 Public support. (Subtract line 7c from line 6)						1,532,694

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	503,986	374,160	378,433	377,092	403,369	2,037,040
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	953	0	0	2,662	776	4,391
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	953	0	0	2,662	776	4,391
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	175,659	163,324	117,624	150,688	607,295
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)	504,939	549,819	541,757	497,378	554,833	2,648,726
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	57.87 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	59.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.17 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.20 %

- 19a 33 1/3 % support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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

2010

**Open To Public
Inspection**

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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? ☐ Yes ☐ No

b 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT (event type)	LUNCHEON (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	175,923.	31,053.		206,976.
	2 Less Charitable contributions	87,300.	9,700.		97,000.
	3 Gross income (line 1 minus line 2)	88,623.	21,353.		109,976.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	9,015.			9,015.
	6 Rent/facility costs	7,082.			7,082.
	7 Food and beverages	12,933.	12,000.		24,933.
	8 Entertainment				
	9 Other direct expenses	22,662.	2,736.		25,398.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(66,428.)
11 Net income summary Combine line 3, column (d), and line 10				43,548.	

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))
		1 Gross revenue			153,986.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			46,846.	46,846.
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 70.0000% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)				(46,846.)	
8 Net gaming income summary Combine line 1, column d, and line 7				107,140.	

9 Enter the state(s) in which the organization operates gaming activities TX,

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain

DALLAS STARS FOUNDATION USES AN OUTSIDE CONTRACTOR TO OPERATE THE GAMING
ACTIVITIES. AS SUCH, LICENSING WAS NOT REQUIRED.

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|------------|
| a The organization's facility | 13a | 0.0000 % |
| b An outside facility | 13b | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MELISSA EMBRY

Address ▶ 2601 AVE. OF THE STARS FRISCO, TX 75034

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ LORA FARRIS, EXECUTIVE DIRECTOR/CHAIRMAN

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ RESPONSIBLE FOR THE CASINO NIGHT EVENT

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed

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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FIRST TEXAS COUNCIL OF CAMP FIRE FOUNDATION 2700 MEACHAM BLVD FORT WORTH, TX 76137-4601	75-27779404	501(C)(3)	5,500				AFTERSCHOOL PROGRAM
(2)	CAMP SUMMIT, INC 17210 CAMPBELL RD, STE 180W DALLAS, TX 75252	75-2488486	501(C)(3)	17,000				ENLARGE CHAPEL
(3)	CHILDREN'S MEDICAL CENTER OF DALLAS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235	75-0800628	501(C)(3)	25,000				CHILDREN'S PLAYROOM
(4)	CHRISTIAN COMMUNITY ACTION 200 S MILL ST LEWISVILLE, TX 75057-3944	23-7319371	501(C)(3)	8,000				BACK TO SCHOOL PRGRM
(5)	CITY SQUARE 511 N AKARD ST APT 302 DALLAS, TX 75201	75-2332948	501(C)(3)	10,000				FOOD SUPPORT
(6)	CLAYTON DABNEY FOUND FOR KIDS WITH CANCER 6500 GREENVILLE AVE STE 342 DALLAS, TX 75206	75-2641482	501(C)(3)	10,000				EVERLASTING MEMORIES PRGRM
(7)	CHILD PROTECTIVE SERVICES COMMUNITY PARTNERS 1215 SKILES ST DALLAS, TX 75204-6019	75-2468034	501(C)(3)	10,000				KIDS IN CRISIS PRGRM
(8)	DALLAS AREA HABITAT FOR HUMANITY, INC 2800 N HAMPTON RD DALLAS, TX 75212-5029	75-2097161	501(C)(3)	12,500				NEW HOME SPONSOR
(9)	DALLAS COMMUNITY LIGHTHOUSE 416 MEADOWHILL DRIVE GARLAND, TX 75043-3024	02-0653015	501(C)(3)	8,700				AFTERSCHOOL PRGRM
(10)	DALLAS MISSION FOR LIFE, INC 1100 CADIZ ST DALLAS, TX 75215-1012	75-2336522	501(C)(3)	25,000				PLAYGROUND RENNOVTN
(11)	FLASHES OF HOPE, INC ALLISON CLARKE BEACHWOOD, OH 44122	04-3648694	501(C)(3)	7,500				GENERAL SUPPORT
(12)	NEXUS RECOVERY CENTER INCORPORATED 8733 IA PRADA DRIVE DALLAS, TX 75228-5036	23-7169388	501(C)(3)	12,000				EXERCISE EQUIPMENT

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

JSA

0E1288 2 000 830J 1722

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1718613

PAGE 24

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

OMB No 1545-0047

2010

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed

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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OUR FATHERS CHILDREN, INC 6250 ME LOOP 820 FORT WORTH, TX 76180-7842	20-0647744	501(C)(3)	10,000				CHILDRENS' CAMP
(2)	PROMISE HOUSE, INC 224 W PAGE AVE. DALLAS, TX 75208-6631	75-2180083	501(C)(3)	10,000				GENERAL SUPPORT
(3)	RONALD McDONALD HOUSE OF FORT WORTH, INC 1004 7TH AVE FORT WORTH, TX 76104-2706	75-1754490	501(C)(3)	10,000				SHARE-A-NIGHT PRGRM
(4)	SHARED HOUSING CENTER, INC 402 N GOOD LATIMER EXPY DALLAS, TX 75204	75-2137522	501(C)(3)	6,000				SCHOOL IS COOL DRIVE
(5)	TEXAS SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219-3924	75-0818178	501(C)(3)	10,000				MEDICAL SUPPORT
(6)	THE LEUKEMIA & LYMPHOMA SOCIETY, INC 1311 MAMARONECK AVE WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	10,000				MEDICAL SUPPORT
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations 18
- 3 Enter total number of other organizations 0
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SUPPLEMENTAL INFORMATION 1

PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

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

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

PROJECTS ON WHICH THE FUNDS WERE USED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS STARS FOUNDATION INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

75-2780401

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CASEY COFFMAN	(i) 0. (ii) 103,076.	0. 150,000.	0.	0. 8,246.	0. 235.	0. 261,557.	0. 0.
2 ROBERT HUTSON	(i) 0. (ii) 184,839.	0. 36,968.	0.	0. 10,154.	0. 2,472.	0. 234,433.	0. 0.
3 GEOFF MOORE	(i) 0. (ii) 216,300.	0. 0.	0. 30,090.	0. 9,856.	0. 2,486.	0. 258,732.	0. 0.
4 JEFF COGEN	(i) 0. (ii) 442,995.	0. 160,000.	0.	0. 0.	0. 1,648.	0. 604,643.	0. 0.
5 BRETT HULL	(i) 0. (ii) 350,000.	0. 0.	0. 17,616.	0. 0.	0. 0.	0. 367,616.	0. 0.
6 BEN CAHALANE	(i) 0. (ii) 100,000.	0. 0.	0. 127,534.	0. 13,652.	0. 804.	0. 241,990.	0. 0.
7	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
8	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
9	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
10	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
11	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
12	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
13	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
14	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
15	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.
16	(i) 0. (ii) 0.	0. 0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

2010

Department of the Treasury
Internal Revenue Service

► 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.

**Open to Public
Inspection**

Name of the organization

Employer Identification number

75-2780401

DALLAS STARS FOUNDATION INC.

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of 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?
- 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

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

Schedule N (Form 990 or 990-EZ) (2010)

Part I	Liquidation, Termination, or Dissolution(continued)
--------	---

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- | | | |
|------------|---|-----------|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 |
| 4 a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a |
| b | If "Yes," did the organization provide such notice? | 4b |
| 5 | Did the organization discharge or pay all liabilities in accordance with state laws? | 5 |
| 6 a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a |
| b | Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? | 6b |
| c | If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III | |

Part III 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. Part II can be duplicated if additional space is needed.

[illegible]

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information

SUPPLEMENTAL INFORMATION 1

SCHEDULE N, PART II

DURING THE 2010 TAX YEAR, GRANTS IN EXCESS OF TWENTY-FIVE PERCENT OF THE
FILING ORGANIZATION'S NET ASSETS WERE DISTRIBUTED TO VARIOUS CHARITABLE
ORGANIZATIONS. PLEASE SEE SCHEDULE I FOR GRANT DETAILS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS STARS FOUNDATION INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

75-2780401

GENERAL STATEMENT 1

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 1: THE DALLAS STARS FOUNDATION WAS ESTABLISHED TO SERVE AS A
POSITIVE FORCE THROUGHOUT THE DALLAS/FT. WORTH METROPLEX. THE FOUNDATION
FOCUSES ITS EFFORTS ON PROVIDING SUPPORT TO THE CHILDREN OF THE COMMUNITY
SO THEY MAY LEAD QUALITY LIVES AND DEVELOP INTO CONTRIBUTING MEMBERS OF
SOCIETY. THROUGH TEAMWORK, INTERACTION AND EDUCATION, THE DALLAS STARS
FOUNDATION WORKS TO BRING TOGETHER ALL MEMBERS OF THE METROPLEX AND BUILD
A BRIGHT FUTURE FOR TODAY'S YOUTH.

LINE 4A: THE FOUNDATION MADE NUMEROUS GRANTS TO OTHER NON-PROFIT
CHARITIES IN SUPPORT OF EDUCATIONAL AND CHARITABLE CHILDREN'S PROGRAMS.
GRANTS MADE TOTALED \$285,346 DURING THE FISCAL YEAR ENDED JUNE 30, 2011.

OTHER PROGRAMS INCLUDE:

COMMUNITY TICKETS

STICK WITH READING

HIGH SCHOOL MEDIA DAY

HOCKEY FIGHTS CANCER

TICKETS FOR KIDS

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

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

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 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.

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

WITH THE HELP OF DALLAS STARS' FORWARD STEVE OTT, 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. THE DALLAS STARS WILL CONTINUE TO SUPPORT EDUCATIONAL PROGRAMS TO BRING THE JOY OF READING TO ALL CHILDREN IN THE COMMUNITY.

HIGH SCHOOL MEDIA DAY:

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

IN FEBRUARY 2011, 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

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

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, SPEND A PERIOD WITH RALPH AND RAZOR IN THE BROADCAST BOOTH,
AND HAVE THEIR ARTICLE PUBLISHED IN THE COMMUNITY SECTION OF THE DALLAS
STARS WEBSITE.

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.

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

GENERAL STATEMENT 3

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

LINE 2: THE FOLLOWING OFFICERS AND DIRECTORS OF THE DALLAS STARS

FOUNDATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF
THEIR POSITIONS AS OFFICERS, DIRECTORS, AND/OR EMPLOYEES OF DALLAS STARS,

LP:

ROBERT HUTSON

GEOFF MOORE

ROB SCICHILI

BEN CAHALANE

CASEY COFFMAN

JEFF COGEN

BRETT HULL

GENERAL STATEMENT 4

PART VI: SECTION B. POLICIES

LINE 11B: 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 5

PART VI: SECTION C. DISCLOSURE

LINE 19: DALLAS STARS FOUNDATION, INC.'S GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
CASEY COFFMAN	
SECRETARY	39.00
ROBERT HUTSON	
VICE PRESIDENT/TREASURER	39.00
GEOFF MOORE	
EXECUTIVE VICE PRESIDENT	39.00
JEFF COGEN	
CHAIRMAN OF THE BOARD	39.00
ROB SCICHILI	
SECRETARY	39.00
BRETT HULL	
DIRECTOR	39.00
BEN CAHALANE	
DIRECTOR	39.00

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514) N/A	(f) Share of total income N/A	(g) Share of end-of-year assets N/A	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A	(j) General or managing partner?		(k) Percentage ownership N/A
							Yes	No		Yes	No	
(1) HICKS SPORTS GROUP, LLC DALLAS, TX 75201 75-2819718	PROFESSNL SPORTS	TX	N/A									
(2) DALLAS STARS, LP 75-2629450 2601 AVENUE OF THE STARS	NHL TEAM	DE	N/A									
(3) FRISCO, TX 75034												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (e-f)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Schedule R (Form 990) 2010

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

SUPPLEMENTAL INFORMATION 1

DUE TO A CHANGE IN CONTROL AFTER JUNE 30, 2011, THE FOUNDATION IS UNABLE TO OBTAIN INFORMATION REGARDING RELATED ORGANIZATIONS, BEYOND THOSE LISTED ON SCHEDULE R, PART III, RELATED TO THE FOUNDATION THROUGH ITS FORMER INDIRECT PARENT ENTITY, HICKS SPORTS GROUP, LLC. HOWEVER, THE FOUNDATION BELIEVES THERE WERE NO TRANSACTIONS WITH ANY SUCH ENTITIES AND NO COMPENSATION PAID TO EMPLOYEES OF ANY SUCH ENTITIES FOR SERVICES RENDERED TO THE FOUNDATION THAT HAS NOT OTHERWISE BEEN DISCLOSED ON FORM 990.