



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****07/01, 2011, and ending****06/30, 2012****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)

Room/suite

2601 AVENUE OF THE STARS

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

FRISCO, TX 75034

F Name and address of principal officer

JASON FARRIS

2601 AVENUE OF THE STARS, FRISCO, TX 75034

D Employer identification number

75-2780401

E Telephone number

(214) 387-5526

G Gross receipts \$

546,831.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(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	6.
	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 2011 (Part V, line 2a)	5	2.
	6 Total number of volunteers (estimate if necessary)	6	42.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	359,834.	253,200.
	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)	776.	0
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	188,021.	126,000.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	548,631.	379,200.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	285,346.	221,726.
	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)	104,706.	104,366.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,107.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,178.	186,226.
	19 Revenue less expenses. Subtract line 18 from line 12	475,230.	512,318.
	20 Total assets (Part X, line 16)	73,401.	-133,118.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20.	818,157.	472,120.
		238,908.	25,989.

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

Toni May, Treasurer

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MORGAN L. SOUZA

Morgan L. Souza

05/14/2013

P00652612

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 210 PARK AVE, SUITE 2850 OKLAHOMA CITY, OK 73102

Phone no 405-239-6411

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 295,006 including grants of \$ 221,726) (Revenue \$ 0)
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 ► 295,006.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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		X
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		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 (see instructions)		X
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	X	
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	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
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>	22 X	
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>	23 X	
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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
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>	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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 X	
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
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>	32 X	
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>	33	X
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>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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>	35b	X
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>	36	X
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>	37	X
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	

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part V.

☒ X

		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?	X	
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
	If "Yes," enter the name of the foreign country ▶		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent.		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.		X
b Other officers or key employees of the organization.		X
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **TONI MAY 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 ☒**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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				41,714.	0	7,175.
(2) ROBERT HUTSON VICE PRESIDENT/TREASURER	1.00	X		X				0	223,956.	20,770.
(3) GEOFF MOORE EXECUTIVE VICE PRESIDENT	1.00	X		X				0	157,004.	15,455.
(4) ROB SCICHILI SECRETARY	1.00	X		X				0	86,664.	19,043.
(5) BEN CAHALANE DIRECTOR	1.00	X						0	220,176.	21,458.
(6) TINA NIEUWENDYK DIRECTOR	1.00	X						0	0	0
(7) KRISTIN REAUGH DIRECTOR	1.00	X						0	0	0
(8) JASON FARRIS CHAIRMAN	1.00	X		X				0	0	0
(9) MELISSA EMBRY TREASURER	1.00	X		X				0	90,607.	11,158.
(10)										
(11)										
(12)										
(13)										
(14)										

[illegible]

	Yes	No
3		X
4	X	
5		X

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	46,070			
	d	Related organizations	1d	50,000			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	157,130			
	g	Noncash contributions included in lines 1a-1f \$		50,000			
	h	Total. Add lines 1a-1f		253,200			
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)			0		
	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 \$ 46,070 of contributions reported on line 1c) See Part IV, line 18	a	51,910			
	b	Less direct expenses	b	79,313			
	c	Net income or (loss) from fundraising events		-27,403			-27,403
	9a	Gross income from gaming activities See Part IV, line 19	a	234,106			
	b	Less direct expenses	b	81,448			
	c	Net income or (loss) from gaming activities		152,658			152,658
	10a	Gross sales of inventory, less returns and allowances	a	7,615			
b	Less cost of goods sold	b	6,870				
c	Net income or (loss) from sales of inventory		745			745	
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions			379,200			126,000

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States See Part IV, line 21 .	215,476.	215,476.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	6,250.	6,250.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	45,662.		45,662.	
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	43,513.		43,513.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,410.		1,410.	
9 Other employee benefits	6,036.		6,036.	
10 Payroll taxes	7,745.		7,745.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	13,861.		13,861.	
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	13,326.	5,760.	7,566.	
13 Office expenses	11,502.	2,966.	8,536.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	6,280.	48.	2,413.	3,819.
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MERCHANDISE -----	51,288.			51,288.
b COMMUNITY TICKETS -----	50,000.	50,000.		
c STICK WITH READING PRIZES -----	14,506.	14,506.		
d SPECIAL EVENTS - G&A -----	19,050.		19,050.	
e All other expenses -----	6,413.		6,413.	
25 Total functional expenses. Add lines 1 through 24e	512,318.	295,006.	162,205.	55,107.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	746,546.	2	462,053.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	71,611.	4	10,067.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	818,157.	16	472,120.	
Liabilities	17 Accounts payable and accrued expenses	238,908.	17	25,989.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	238,908.	26	25,989.
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	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	579,249.	32	446,131.
	33 Total net assets or fund balances	579,249.	33	446,131.
34 Total liabilities and net assets/fund balances.	818,157.	34	472,120.	

Form 990 (2011)

Page **12****Part XI Reconciliation of Net Assets**Check 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	379,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	512,318.
3	Revenue less expenses Subtract line 2 from line 1	3	-133,118.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	579,249.
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	446,131.

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
b Were the organization's financial statements audited by an independent accountant?		X
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? 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
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		

Form **990** (2011)

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

2011

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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/>

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	291,655	300,996	276,274	359,834	253,200	1,481,959
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	82,505	77,437	100,818	43,535	7,615	311,910
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	374,160	378,433	377,092	403,369	260,815	1,793,869
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	82,744	162,081	85,504	85,517	111,571	527,417
c Add lines 7a and 7b	82,744	162,081	85,504	85,517	111,571	527,417
8 Public support. (Subtract line 7c from line 6)						1,266,452

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	374,160	378,433	377,092	403,369	260,815	1,793,869
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,662	776		3,438
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			2,662	776		3,438
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	175,659	163,324	117,624	150,688	125,255	732,550
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)	549,819	541,757	497,378	554,833	386,070	2,529,857
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 2011 (line 8, column (f) divided by line 13, column (f)).	15	50.06 %
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	57.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	.14 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	.17 %

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2011

**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.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 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						

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

[illegible]

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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	97,980.			97,980.
	2 Less. Charitable contributions	46,070.			46,070.
	3 Gross income (line 1 minus line 2).	51,910.			51,910.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	26,559.			26,559.
	6 Rent/facility costs	16,531.			16,531.
	7 Food and beverages	30,556.			30,556.
	8 Entertainment				
	9 Other direct expenses	5,667.			5,667.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(79,313.)
	11 Net income summary Combine line 3, column (d), and line 10				-27,403.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			234,106.	234,106.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			7,174.	7,174.
	4 Rent/facility costs				
	5 Other direct expenses			74,274.	74,274.
	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)				(81,448.)
	8 Net gaming income summary Combine line 1, column d, and line 7				152,658.

- 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

- 15a** 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 ▶ \$ _____

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

2011

**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)	FLASHES OF HOPE, INC ALLISON CLARKE BEACHWOOD, OH 44122	04-3648694	501(C)(3)	7,500.				GENERAL SUPPORT
(2)	IRVING CARES, INC 440 S NURSERY RD STE 101 IRVING, TX 75060	75-1436937	501(C)(3)	10,000				GENERAL SUPPORT
(3)	NORTH TEXAS FOOD BANK 4500 S. COCKRELL HL ROAD DALLAS, TX 75236	75-1785357	501(C)(3)	20,000				GENERAL SUPPORT
(4)	BRIDGE LACROSSE DALLAS, INC. 1999 MCKINNEY AVE APT. 1608 DALLAS, TX 75201	16-1671742	501(C)(3)	9,000				GENERAL SUPPORT
(5)	CHILDREN'S MEDICAL CENTER OF DALLAS 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235	75-0800628	501(C)(3)	10,000				GENERAL SUPPORT
(6)	DALLAS CHILDREN'S ADVOCACY CENTER 3611 SWISS AVE DALLAS, TX 75204	75-2303404	501(C)(3)	10,000				GENERAL SUPPORT
(7)	DALLAS STARS ELITE HOCKEY CLUB P O BOX 631492 IRVING, TX 75063	26-4513126	501(C)(3)	10,000				GENERAL SUPPORT
(8)	JUBILEE PARK & COMMUNITY CENTER CORPORATION 1900 N AKARD STE 3500 DALLAS, TX 75201	75-2726296	501(C)(3)	24,850				GENERAL SUPPORT
(9)	MAKE-A-WISH FOUNDATION OF NORTH TEXAS 6655 DESEO IRVING, TX 75039	75-1889666	501(C)(3)	20,000.				GENERAL SUPPORT
(10)	MANE GAIT 5600 TENNYSON PKWY. STE. 230 PLANO, TX 75024	26-1525268	501(C)(3)	8,500				GENERAL SUPPORT
(11)	VOICE OF HOPE MINISTRIES 4120 GENTRY DRIVE DALLAS, TX 75212	75-1850380	501(C)(3)	10,000				GENERAL SUPPORT
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11

3 Enter total number of other organizations listed in the line 1 table 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

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	SCHOLARSHIPS	5	6,250			
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.

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 2

PART III, LINE 1

DALLAS STARS FOUNDATION, INC. AWARDS THE BOB GAINNEY HONORARY SCHOLARSHIP THROUGH AN APPLICATION PROCESS THAT REQUIRES EACH SCHOLARSHIP RECIPIENT TO SUBMIT HIS OR HER HIGH SCHOOL TRANSCRIPTS, SAT/ACT SCORES, COPY OF PARENTS' MOST RECENT INCOME TAX RETURN, ESSAY, THREE LETTERS OF RECOMMENDATIONS, AND COMPLETED APPLICATION FORM.

SCHOLARSHIP FUNDS ARE AWARDED TO THE STUDENT ON AN ANNUAL BASIS PROVIDED THAT HE OR SHE MAINTAINS A 3.0 OR HIGHER GPA, 12 OR MORE SEMESTER HOURS,

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.

AND IS IN GOOD STANDING WITH HIS OR HER COLLEGE/UNIVERSITY. FUNDS ARE PAID DIRECTLY TO THE SCHOLARSHIP RECIPIENTS' COLLEGE/UNIVERSITY BURSAR'S OFFICE TO BE APPLIED DIRECTLY TOWARDS TUITION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

**Open to Public
Inspection**

Name of the organization

DALLAS STARS FOUNDATION INC.

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?
- 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) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT HUTSON	(i) 215,655.	(ii) 0	(iii) 8,301.	5,902.	14,868.	244,726.	0
2	GEOFF MOORE	(i) 154,158.	(ii) 0	(iii) 2,846.	6,211.	9,244.	172,459.	0
3	BEN CAHALANE	(i) 214,308.	(ii) 0	(iii) 5,868.	11,753.	9,705.	241,634.	0
4		(i) 0	(ii) 0	(iii) 0	0	0	0	0
5		(i) 0	(ii) 0	(iii) 0	0	0	0	0
6		(i) 0	(ii) 0	(iii) 0	0	0	0	0
7		(i) 0	(ii) 0	(iii) 0	0	0	0	0
8		(i) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i) 0	(ii) 0	(iii) 0	0	0	0	0
10		(i) 0	(ii) 0	(iii) 0	0	0	0	0
11		(i) 0	(ii) 0	(iii) 0	0	0	0	0
12		(i) 0	(ii) 0	(iii) 0	0	0	0	0
13		(i) 0	(ii) 0	(iii) 0	0	0	0	0
14		(i) 0	(ii) 0	(iii) 0	0	0	0	0
15		(i) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i) 0	(ii) 0	(iii) 0	0	0	0	0

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

**Open To Public
Inspection**

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TICKETS)	X	1.	50,000.	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2011

**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.**

Open to Public Inspection

Name of the organization

Employer Identification number

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?

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) (2011)

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 2011 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

2011

**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 \$221,726 DURING THE FISCAL YEAR ENDED JUNE 30, 2012.

OTHER PROGRAMS INCLUDE:

COMMUNITY TICKETS

STICK WITH READING

HIGH SCHOOL MEDIA DAY

HOCKEY FIGHTS CANCER

BOB GAINNEY HONORARY SCHOLARSHIP

JUNIOR STARS SCHOLARSHIP

COMMUNITY TICKETS:

THE PROGRAM ALLOWS THE DALLAS STARS ORGANIZATION TO SERVE THE COMMUNITY

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

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

STICK WITH READING:

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

WITH THE HELP OF DALLAS STARS' 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

Name of the organization	Employer identification number
DALLAS STARS FOUNDATION INC.	75-2780401

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 2012, STUDENTS FROM AREA HIGH SCHOOLS GATHERED AT THE DR PEPPER STAR CENTER IN FRISCO TO WATCH A STARS' MORNING PRACTICE. AFTER PRACTICE 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 OR CREATE A TWO MINUTE VIDEO DOCUMENTING THEIR DAY. THE WINNING AUTHOR AND VIDEOGRAPHER WAS INVITED TO SIT IN THE AMERICAN AIRLINES CENTER PRESS BOX DURING A DALLAS STARS HOME

Name of the organization

DALLAS STARS FOUNDATION INC.

Employer identification number

75-2780401

GAME, SPEND A PERIOD WITH RALPH AND RAZOR IN THE BROADCAST BOOTH, AND HAVE THEIR ARTICLE/VIDEO PUBLISHED IN THE COMMUNITY SECTION OF THE DALLAS STARS WEBSITE AND ATTEND A PIZZA PARTY AT THE FOX SPORTS SOUTHWEST STUDIOS.

GENERAL STATEMENT 2

PART V, LINE 1A: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE
COMPENSATION PAID TO INDEPENDENT CONTRACTORS OF DALLAS STARS FOUNDATION
WAS REPORTED ON THE 2011 FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF
U.S. INFORMATION RETURNS OF THE DALLAS STARS.

GENERAL STATEMENT 3

PART V, LINE 2A: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE
THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A IS TWO. THE SALARIES
REFLECTED ON FORM 990, PART IX WERE ALLOCATED TO THE FOUNDATION BY AND
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 4

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 THE DALLAS
STARS:

ROBERT HUTSON

Name of the organization

Employer identification number

DALLAS STARS FOUNDATION INC.

75-2780401

GEOFF MOORE

ROB SCICHILI

BEN CAHALANE

GENERAL STATEMENT 5

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 6

PART VI: SECTION C. DISCLOSURE

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

 ATTACHMENT 1

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

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
ROBERT HUTSON	
VICE PRESIDENT/TREASURER	39.00
GEOFF MOORE	
EXECUTIVE VICE PRESIDENT	39.00
ROB SCICHILI	
SECRETARY	39.00
BEN CAHALANE	
DIRECTOR	39.00
MELISSA EMBRY	
TREASURER	39.00

75-2780401

DALLAS STARS FOUNDATION INC.

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

2011Open 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" to 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" to 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) 2011

JSA

1E1307 1 000

67830J 1722

V 11-6.5

1718613

PAGE 43

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-JUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HICKS SPORTS GROUP, LLC DALLAS, TX 75201 75-2819718	PROFESSNL SPORTS	TX	N/A	N/A	N/A	N/A			N/A			N/A
(2) DALLAS STARS, L.P. 75-2629450 FRISCO, TX 75034	NHL TEAM	DE	N/A									
(3) DALLAS SPORTS & ENTERTAINMENT, L.P. FRISCO, TX 75034 45-3194126	PROFESSNL SPORTS	DE	N/A									
(4) DSE HOCKEY CLUB, L.P. 45-3194319 FRISCO, TX 75034	PROFESSNL SPORTS	DE	N/A									
(5) DSE HOCKEY CENTERS, L.P. FRISCO, TX 75034 45-3195241	PROFESSNL. SPORTS	DE	N/A									
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) NORTHLAND PROPERTIES CORPORATION 1755 WEST BROADWAY #301 V6Z4A5 VANCOUVER, BC CA FOREIGN 99-0369019	HOLDING CO.	CA	N/A	C	N/A	N/A	N/A
(2) DSE HOCKEY CLUB GP, INC. 310-1755 WEST BROADWAY V6J4S5 VANCOUVER, BC CA	PROFESSNL. SPORTS	DE	N/A	C			
(3) DSE HOCKEY CENTERS GP, INC. 310-1755 WEST BROADWAY V6J4S5 VANCOUVER, BC CA	PROFESSNL. SPORTS	DE	N/A	C			
(4) DALLAS STARS HOCKEY ENTERPRISES COMPANY 1755 WEST BROADWAY #301 V6Z4A5 VANCOUVER, BC CA FOREIGN	PROFESSNL. SPORTS	CA	N/A	C			
(5) -----							
(6) -----							
(7) -----							

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		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
n Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
o Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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 (a-r)	(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

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 DALLAS STARS FOUNDATION (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.

SUBSEQUENT TO THE CHANGE IN CONTROL, DSE HOCKEY CLUB, L.P. BECAME THE PARENT ENTITY OF DALLAS STARS FOUNDATION. DSE HOCKEY CLUB, L.P.'S PARENT ENTITY IS NORTHLAND PROPERTIES CORPORATION (NORTHLAND). NORTHLAND MAY ALSO CONTROL ADDITIONAL ENTITIES THAT MAY BE RELATED TO THE FOUNDATION AS BROTHER/SISTER ORGANIZATIONS. THE FOUNDATION DOES NOT HAVE ACCESS TO ADDITIONAL INFORMATION RELATED TO THE LEGAL STRUCTURE OF NORTHLAND. ALL KNOWN RELATED ENTITIES ARE REPORTED ON SCHEDULE R, PARTS III AND IV.

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.