

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

Return of Organization Exempt From Income Tax

2009

OMB No 1545-0047

Open to Public

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

emai Nevenue		<u> </u>					Inspection
		endar yea	r, or tax year beginning 11-01-2009 C Name of organization	and ending 10-31-2010		D Employer id	entification number
Check if a Address ch	• •	Please use IRS	Salesmanship Club of Dallas			75-07171	
-	larige	label or print or	Doing Business As			E Telephone n	
Name chai		type. See				(214) 943-	9700
Inıtıal retui -		Specific Instruc-	Number and street (or P O box if mail is n 106 E Tenth St	not delivered to street addres	s) Room/suite	e G Gross receipts	
Terminated	d	tions.	100 E TEHRI SE				
Amended i	return		City or town, state or country, and ZIP + 4 Dallas, TX 752032296	1	<u> </u>	1	
- Application	n pending		Dalids, 17 732032296				
		F Nar	ne and address of principal officer		H(a) is t	■■ his a group retur	n for
		Kent SI	kipper			iates?	⊤Yes ▼ No
			Tenth St Suite 200 TX 75203				
		Danas,	, 5265			all affiliates inclu	·
Tax-exem	npt status	▼ 501(c	(3) ◀ (insert no) 4947(a)(1) or	527		No," attach a list oup exemption ni	t (see instructions)
					n(c) Oil	oup exemption in	umber F
website	e: 🕨 www	scaalias	org				
	ganızatıon	✓ Corporat	ion Trust Association Other ►		L Year of	formation 1921	M State of legal domicile T
Part I	Summ	nary					
l l			e organization's mission or most sign				
	I o promo	ote the ed	ucational and mental health services	for children and their fa	milies in the	e greater Dallas	area
2	Check th	ııs box ►	if the organization discontinued its (operations or disposed	of more tha	n 25% of its net	assets
		•	nembers of the governing body (Part \				3
		_	ident voting members of the governing				1
			nployees (Part V, line 2a)		,		5 2
			volunteers (estimate if necessary)				62
			,				
	_		ted business revenue from Part VIII,	, ,,	•		a
Ь	Net unre	iated busi	ness taxable income from Form 990-	1, line 34	-		b
					Pr	ior Year	Current Year
8	Contrib	utions and	d grants (Part VIII, line 1h)			7,228,126	9,331,37
9	Progran	n service	revenue (Part VIII, line 2g)			0	(
10	Investn	nent incor	ne (Part VIII, column (A), lines 3, 4,	and 7d)		-1,398,789	-6,44
10 11	O ther re	evenue (P	art VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		448,594	450,74
12			dd lines 8 through 11 (must equal Pai		:	6 277 021	0.775.67
 					_	6,277,931	9,775,672
13			ar amounts paid (Part IX, column (A),			8,063,872	7,559,282
14			or for members (Part IX, column (A), li			0	(
15	Salaries	s, other co	ompensation, employee benefits (Part	IX, column (A), lines 5	-	1,816,863	1,466,902
16a	•	ional fund	raising fees (Part IX, column (A), line	110)		0	2,100,502
. 104							
			enses (Part IX, column (D), line 25) • 18,206				
17			(Part IX, column (A), lines 11a-11d,			-728,669	-303,173
18			Add lines 13-17 (must equal Part IX,			9,152,066	8,723,01:
19	Revenu	e less exp	penses Subtract line 18 from line 12			-2,874,135	1,052,661
မှီ					Beginni	ng of Current	End of Year
99000000000000000000000000000000000000	.		+ V 1 1.C)			Year	40.053.65
व्य 20 ±			t X, line 16)			12,128,875	12,957,361
21			Part X, line 26)			1,260,466	987,138
			d balances Subtract line 21 from line	20		10,868,409	11,970,223
art II		ture Bl					
			rjury, I declare that I have examined this retu correct, and complete Declaration of preparer				
			, , , , , , , , , , , , , , , , , , ,				, <u></u> -
gn	****				200	1-09-14	
re	Signat	ure of office	er		Date		
	micha	el p massad	jr president				
		or print nam					
	Dropprod-	L.	l r	Date C	heck if	Preparer's ident	afying number
id	Preparer's signature		'	Se	elf-	(see instruction	
id operar's		<u> </u>		е	mpolyed 🕨		
eparer's	Firm's nan	ne (or your: ploved),	BRUCE E BERNSTIEN & ASSOC PC			EIN Þ	
e Only		and ZIP + 4	10440 N CENTRAL EXPRESSWAY STE 104	40		-	
			DALLAS, TX 75231			Phone no 🕨 (214) 706-0840
+b - TD	S discuss	this retii	rn with the preparer shown above? (se	e instructions)			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE THE EDUCATIONAL AND MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES IN THE GREATER DALLAS AREA THROUGH AN AFFILIATED NON-PROFIT OPERATING CORPORATION THE SALESMANSHIP CLUB OF DALLAS PROVIDES THE SALESMANSHIP CLUB YOUTH AND FAMILY CENTERS WITH OPERATING FUNDS NECESSARY TO CARRY OUT OPERATIONS AND ACTIVITIES OF ITS PROGRAMS AND FACILITY'S NEEDS

2	Did the organization unde	rtaka any significant	nrogram carvicas during th	e year which were not listed on	
2	the prior Form 990 or 990)-EZ?		· · · · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sche	dule O		
3	Did the organization ceas services?	- ·	e significant changes in ho	w it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	0		
4	Section 501(c)(3) and 50	1(c)(4) organization		three largest program services l rusts are required to report the ai ogram service reported	
4a	(Code) (Expenses \$	8,104,655 including grants o	f \$ 7,559,282) (Revenue \$	450,743)
	Dallas and a laboratory school education, psychological asses	for three years through tesment, and casework ser	fifth grade, the J Erik Jonsson Co vices for families and their childre	Center (SCYFC), including family therapy immunity School, in Oak Cliff Both locat en SCYFC also operates a children's cam I of more than 8,000 children and their f	ions provide counseling, parent np in East Texas which provides
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
4d	Other program services	(Describe in Schedu	ıle O)		
	(Expenses \$	ıncludı	ng grants of\$) (Revenue \$)
4e	Total program service ex	penses ⊩ \$	8,104,655		

Part IV	Check	dist of	Required	Schedules
		11136 01	NC dull Cd	Schoules

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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	17		No
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	18		Νο
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	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

orm	990 (2009)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
	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 this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		

b Did the organization make a distribution to a donor, donor advisor, or related person? .

Initiation fees and capital contributions included on Part VIII, line 12 . .

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

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

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders .

facilities

year

9b

12a

10a

10b

11a

11b

12b

106 E TENTH ST SUITE 200

Dallas, TX 75203 (214) 943-9700

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 18			
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		Νo
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
IIA	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
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	Yes	
Se	ection 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 Form 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n 🕨
	TERI ISAACS JONES			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page
1b	Total	0		89,55
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 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes	
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No
s	ection 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) (B) Name and business address Description of services		(C Compe	
Non				
		\mp		
		#		
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			

Form **990** (2009)

Form 99			f Davis and					Page 9
	/	Statement o	or 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
ats st	1a	Federated camp	paigns 1a					
od II	ь	Membership du	es 1b	301,400				
æ, ç	С	Fundraising eve	ents 1c					
≣ਰੁ≅	d	Related organiz	ations 1d	7,138,304				
μχ. E. X	e	Government grants	s (contributions) 1e					
ntiol er s	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,891,668				
ē.	g		butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	- 1 - 1 5	_	9,331,372			
ပြဲက	h	lotal. Add lines	s 1a-1f		9,331,372			
e =				Business Code				
wer	2a b							
2 <u>4</u> 14	C							
Š	d							
æ	e e							
ran	f	All other progra	am service revenue					
Program Service Revenue	•							
	g 3		s 2a-2f		0			
	3		ome (including dividendar ar amounts)		32,030			32,030
	4		stment of tax-exempt bond		0			,
	5	Royalties		▶	0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	• •	me or (loss)					
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	232,092	180				
		assets other than inventory						
	Ь	Less cost or other basis and	234,221	36,524				
	c	sales expenses Gain or (loss)	-2,129	-36,344				
	d		s)		-38,473			-38,473
	8a	Gross income f						
пе		events (not inc	luding					
Other Revenue			reported on line 1c)					
ъ		See Part IV, lin	e 18 a					
jer	ь	Less directexi	penses b					
₽	С		· (loss) from fundraising ·	events 📂	0			
	9a		rom gaming activities					
		See Part IV, lin	e 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	с		loss) from sales of inve		0			
		Miscellaneous		Business Code		.e. =		
	11a	CLUB ACTIVIT	[IES	713,910	450,743	450,743		
	b							
		A.II						
	d	All other revenu						
	e	iotai. Add lines	, 11a-11U		450,743			
	12	Total revenue.	See Instructions .	▶	9,775,672	450,743		-6,443

					Page 10
Par	t IX Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	7,537,823	7,537,823		<u>'</u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21.450	21.450		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	21,459	21,459		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	653,269		637,673	15,596
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	649,024		649,024	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,694		36,694	
9	Other employee benefits	42,219		42,219	
10	Payroll taxes	85,696		85,696	
11	Fees for services (non-employees)	,		,	
а	Management	0			
ь	Legal	184			184
с	Accounting	45,588		45,588	
d	Lobbying	0		,	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	12,686		12,686	
g g	Other	0		12,900	
12	Advertising and promotion	0			
13	Office expenses	186,908		186,908	
14	Information technology	14,573		14,573	
15	Royalties	0			
16	Occupancy	370,402		370,402	
17	Travel	0		3.3,132	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,000		8,000	
20	Interest	0		,	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	271,357	59,756	211,601	
23	Insurance	36,139	,	36,139	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,		,	
а	OVERHEAD ALLO CATIONS	-1,737,053		-1,737,053	
b	CLUB MEMBER SOCIAL FUNCTIONS	485,617	485,617		
c	CLUB MEMBER LUNCHEON AND GENER	2,426			2,426
d					_
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,723,011	8,104,655	600,150	18,206
26	Joint costs. Check here ► ☐ If following SOP 98-2	. , ==	, , , , , , , , , , , , ,	<u> </u>	, -
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,067,789	1	4,179,594
	2	Savings and temporary cash investments			2,231,132	2	.,,,,,,,,,
	3	Pledges and grants receivable, net	•		0	3	1,085,872
	4	Accounts receivable, net	•		18,508		8,660
	5	Receivables from current and former officers, directors, trustees	kovi	amployees and	10,000		
		highest compensated employees Complete Part II of	, Key '	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of					
		Schedule L				6	
ets	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,900	9	27,981
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	5,826,141			
	ь	Less accumulated depreciation	10b	3,587,389	2,513,541	10c	2,238,752
	11	Investments—publicly traded securities			4,571,885	11	2,452,602
	12	Investments—other securities See Part IV, line 11		•	519,000	12	519,000
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		2,432,252	15	2,444,900	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,128,875	16	12,957,361
	17	Accounts payable and accrued expenses .			112,048	17	99,108
	18	Grants payable				18	
	19	Deferred revenue			96,574	19	63,332
	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		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			1,051,844	25	824,698
	26	Total liabilities. Add lines 17 through 25			1,260,466	26	987,138
بې		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and comp	lete li	nes 27			
ည		through 29, and lines 33 and 34.			40.040.000		0.040.404
<u>8</u>	27	Unrestricted net assets			10,013,380		9,246,481
Fund Balance	28	Temporarily restricted net assets		855,029		2,723,742	
핕	29	Permanently restricted net assets	_	_		29	
五		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
٥	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ 5	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	1143		10,868,409		11,970,223
Ř	34	Total liabilities and net assets/fund balances			12,128,875		12,957,361
) ³⁴	i otal napinties and net assets/lund palances			12,120,075	34	12,837,301

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated 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?	3a		
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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Salesmanship Club of Dallas

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.

Inspection **Employer identification number**

Do.		Dana	f D!	blic Charity Ctat	(Δ11				75-071713			
Par				blic Charity Stat e foundation because						tructions		
	rgani —								,			
1	<u>'</u>			on of churches, or as				(1)(A)(I).				
2	<u> </u>			ın section 170(b)(1)				470/5)/4)/4	\/:::\			
3	Ŀ			perative hospital serv						/ 1		
4	ı			organization operate y, and state	ea in conjunc	ction with a n	ospital descr	ibed in secti	on 1/U(B)(1)	(A)(III). En	tertne	
5	Γ	=	-	erated for the benefit	_	or university	owned or ope	erated by a g	overnmental	unıt descri	bed in	
_	_	<pre>section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</pre>										
6	<u> </u>		•	-	_							
7	ı	describ	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	Γ	A comn	nunity trust	described in section	170(b)(1)(A	(Vi) (Com	olete Part II))				
9	굣	A n orga	nization tha	t normally receives	(1) more tha	an 331/3% of	fıts support fı	rom contribu	tions, membe	ership fees,	and gro	ss
				ties related to its ex								
		ıts sup	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable inco	ome (less se	ction 511 ta:	x) from bus	inesses	
			_	anızatıon after June 3				•		•		
10	Г	An orga	nization org	anized and operated	exclusively	to test for pu	ublic safety S	ee section 5 0	09(a)(4).			
11	Ė	-	_	anized and operated	•	•	•			arry out th	e purpo:	ses of
	,	one or i	more publicly	y supported organiza pes the type of suppo b Type II	tions describ orting organiz	bed in sectio <u>za</u> tion and co	n 509(a)(1) d	or section 50 11e through	9(a)(2) See	•	9(a)(3).	Check
e	Γ	other th	-	ox, I certify that the con managers and oth	-		•	•	•	•	•	
f		If the o check t	rganization r his box	received a written de						supporting	j organiz	zation,
g			-	006, has the organiz	ration accept	ted any gift o	r contribution	n from any of	the			
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	ralone orto	aether with pe	ersons descr	nbed in (ii)		Yes	No
				governing body of the	•		•		(,	11g(i		
				r of a person describ		=				11g(i		_
		` '	•	ed entity of a person	` ,		ove?			11g(ii		_
h				g information about t						119(1	•/	<u> </u>
		1101140		g illioilliation about t	ine supporte	a organizatio	,,,(3)					
9	(i) Name suppo ganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?				(vi) Is the organization in col (i) organized in the US?		A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
				· · · · · · · · · · · · · · · · · · ·								
							1					
							1					
Total												

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginnin in)	g (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do n include any "unusual grants")	ot 8,922,159	9,266,203	8,860,540	7,228,126	9,333	1,372	43,608,400
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that is related to the organization's tax-exempt purpose	1 429,980	437,794	434,256	441,750	450	0,743	2,194,523
3	Gross receipts from activities the are not an unrelated trade or business under section 513	at						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0	0
6	Total. Add lines 1 through 5	9,352,139	9,703,997	9,294,796	7,669,876	9,782	2,115	45,802,923
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	2,255,496	2,480,183	2,618,076	2,649,323	2,538	3,304	12,541,382
b	A mounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b	2,255,496	2,480,183	2,618,076	2,649,323	2,538	3,304	12,541,382
8	Public Support (Subtract line 7c from line 6)							33,261,541
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	A mounts from line 6	9,352,139	9,703,997	9,294,796	7,669,876	9,782	2,115	45,802,923
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207,730	519,681	583,093	54,016	32	2,030	1,396,550
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	207,730	519,681	583,093	54,016	32	2,030	1,396,550
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0
13	Total support (Add lines 9, 10c,	9,559,869	10,223,678	9,877,889	7,723,892	9,814	,145	47,199,473
14	11 and 12) First Five Years If the Form 990 i check this box and stop here	s for the organization	n's first, second	thırd, fourth, or f	I ifth tax year as a	501(c)(3) c	rganı	zation,
	ction C. Computation of Pu	hlic Support Pa	rcentage					
15	Public Support Percentage for 20			13 column (f))		15		70 470 %
16	Public support percentage from 2					16		63 418 %
Se	ction D. Computation of In	vestment Inco	me Percenta	ge				
17	Investment income percentage fo				(f))	17		2 959 %
18	Investment income percentage fr	om 2008 Schedule A	A Part III line 1	7		10		2 546 %

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 75-0717135

Name: Salesmanship Club of Dallas

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	(che	')		T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Robert V Barnes thru 93010 Director	1 0	X						0	0	0
Warren C Barry thru 93010 Director	1 0	Х						0	0	0
Michael D DeGrazier thru 93010 Director	1 0	Х						0	0	0
Hector Escamilla Jrthru 93010 Director	1 0	Х						0	0	0
Alan D Friedman thru 93010 Director	1 0	Х						0	0	0
Ward L Huey thru 93010 Dırector	1 0	Х						0	0	0
Philip R Jones thru 93010 Director	1 0	Х						0	0	0
Terry Kelley thru 93010 Dırector	1 0	Х						0	0	0
Patrick McEvoy Jr thru 93010 Director	1 0	Х						0	0	0
Laurence W Nıxon thru 93010 Dırector	1 0	Х						0	0	0
Jeffrey J Porter thru 93010 Dırector	1 0	Х						0	0	0
Frank Swingle thru 93010 Director	1 0	Х						0	0	0
Stephen W Barley as of 10110 Dırector	1 0	Х						0	0	0
Charles Clark as of 10110 Dırector	1 0	Х						0	0	0
William J Goodwin as of 10110 Director	1 0	Х						0	0	0
H David Hayden as of 10110 Director	1 0	Х						0	0	0
Frank Houseman as of 10110 Dırector	1 0	Х						0	0	0
Philip R Jones as of 10110 Director	1 0	Х						0	0	0
Michael S Lewis as of 10110 Director	1 0	Х						0	0	0
William B McClung as of 10110 Director	1 0	Х						0	0	0
W Scott Ragland as of 10110 Dırector	1 0	Х						0	0	0
Leland B White as of 10110 Director	1 0	Х						0	0	0
William C Wilshusen as of 10110 Director	1 0	Х						0	0	0
Joseph AI Worsham as of 10110 Director	1 0	Х						0	0	0
W Scott Ragland thru 93010 President	1 0	Х		×				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Laurence W Nixon thru 93010 1st Vice President	1 0	Х		х				0	0	0
Stephen W Barley thru 93010 2nd Vice President	1 0	X		х				0	0	0
Leland B White thru 93010 Secretary	1 0	X		х				0	0	0
John L Wagner thru 93010 Treasurer	1 0	X		х				0	0	0
Michael PMassad Jras of 10110 President	1 0	X		х				0	0	0
Charles D Spradley as of 10110 1st Vice President	1 0	Х		х				0	0	0
Schuyler B Marshall as of 10110 2nd Vice President	1 0	X		х				0	0	0
Guy H Kerr as of 10110 Secretary	1 0	X		х				0	0	0
John M Nolan as of 10110 Treasurer	1 0	Х		x				0	0	0
Teri Isaacs Jones Executive Director	20 0			х				153,984	0	24,891
Kent Skipper CEO	2 0			х				297,794	0	35,733
Jon Drago Tournament Director	5 0					Х		148,760	0	20,257
Janie Henderson Former Executive Director							х	438,002	0	8,676

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493257008181

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

me of the organization esmanship Club of Dallas		Emplo	yer identifica	tion number	
			717135		
organizations Maintaining Don organization answered "Yes" to For				·	f the
Tabal assessment and afficient	(a) Donor advised funds	(b) Funds and o	ther accounts	
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and dono funds are the organization's property, subject t	-		e d	┌ Yes ┌	No
Did the organization inform all grantees, donors used only for charitable purposes and not for the	•		purpose	Г Yes Г	No
rt II Conservation Easements. Com	plete if the organization answered "Ye	se" to Form	990 Part IV		
Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	ecreation or pleasure) Preservation Preservation	of a certified	historic struct	•	
easement on the last day of the tax year			Held at the	End of the Yea	 ar
Total number of conservation easements		2a			
Total acreage restricted by conservation ease	ments	2b			
Number of conservation easements on a certifi		2c			
Number of conservation easements included in	. ,	2d			
Number of conservation easements modified, t			organization (during	
Number of states where property subject to co					
Does the organization have a written policy reg enforcement of the conservation easements it		handling of v	iolations, and	☐ Yes ☐	No
Staff and volunteer hours devoted to monitorin	-,				
A mount of expenses incurred in monitoring, ins	specting, and enforcing conservation easer	nents during	the year 🟲 🖇 _		
Does each conservation easement reported on $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^7$	line 2(d) above satisfy the requirements o	fsection		┌ Yes ┌	No
In Part XIV, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	ext of the footnote to the organization's fina				
	ections of Art, Historical Treasur ered "Yes" to Form 990, Part IV, line 8		er Similar <i>I</i>	Assets.	
If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to	s held for public exhibition, education or re	search in furt			
If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these	ld for public exhibition, education, or resea			•	
(i) Revenues included in Form 990, Part VIII,	line 1		► \$		
(ii) Assets included in Form 990, Part X					
If the organization received or held works of ar following amounts required to be reported unde		ets for financ			
Revenues included in Form 990, Part VIII, line	a 1		► \$		
			· · ·		
Assets included in Form 990, Part X			F 5		

ar	Titl Organizations Maintaining Co	illections of Art	t, His	tori	cal Trea	asures, c	or Othe	er Similar As	ssets	(con	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing tha	t are a sıg	nıfıcantı	use of its collec	tıon		
а	Public exhibition		d	Г	Loan or	exchange ¡	orogram	5			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
ŀ	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ further t	he organiz	atıon's e	xempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				mılar	┌ Ye	s	□ No
Pa I	t IV Escrow and Custodial Arrang						ered "	Yes" to Form 9	990,		
	Part IV, line 9, or reported an ar		•								
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or othe	rassets	not	┌ Ye	s [No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able			T			
_								A	mount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?						┌ Ye	s [No
ь	If "Yes," explain the arrangement in Part XI\	1									
a	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	rear (c)Two Years	Back (d	Three Years Back	(e) Fo	ır Yea	rs Back
3	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
9	Provide the estimated percentage of the year	r end halance held			I				l		
		r ena balance nela	43								
а	Board designated or quasi-endowment										
Ь	Permanent endowment 🕨										
С	Term endowment										
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	ire neid a	nd adminis	tered for	rtne	T	es	No
	(i) unrelated organizations							3a	-		
	(ii) related organizations							3a	(ii)		
b	If "Yes" to 3a(11), are the related organization	ns listed as require	d on S	ched	ule R? .			3	ь		
	Describe in Part XIV the intended uses of th										
aī	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 990	, Part X,	<u>lıne 10.</u>				
	Description of investment				Cost or otles (Investme		st or other (other)	(c) Accumulated depreciation	d (d) Bool	k value
а	Land				1,488,	721	323,618	3		1,	812,339
b	Buildings						1,449,042	1,147,4	91		301,552
c	Leasehold improvements						93,389	93,3	89		C
d	Equipment						1,010,687	976,1	22		34,565
e	Other				1,250	,318	210,365	1,370,3	87		90,296

2,238,752

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12		٠
(including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :		d .6
(a) Description of investment type	(b) Book value		d of valuation -year market value
			,
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)			
(
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value 1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY	ne 15.		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT	ne 15. Stion		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Descrip DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. Stion		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		1,620,202
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.) (b) A mount 0		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)		1,620,202
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO SLSMANSHIP CLUB YOUTH &	5.)	b	1,620,202
Part IX Other Assets. See Form 990, Part X, III (a) Description DUE FROM RELATED EXEMPT ENTITY SUPPLEMENTAL RTMT BENEFIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		1,620,202

Pal	LP. • Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าธร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,775,672
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,723,011
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,052,661
4	Net unrealized gains (losses) on investments	4	49,153
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	49,153
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,101,814
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	9,861,169
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 36,344		
e	Add lines 2a through 2d	2e	85,497
3	Subtract line 2e from line 1	3	9,775,672
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,775,672
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	8,759,355
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	36,344
3	Subtract line 2e from line 1	3	8,723,011
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,723,011
	t XIV Supplemental Information		0,723,0

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Reclassify loss from sale of fixed assets to revenue	Schedule D, Part XII, Ln 2D	Loss on sale of automobile - (\$36,344)
Reclassify loss from sale of fixed from expenses	Schedule D, Part XIII, Line 2D	Loss on sale of automobile - \$36,344

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493257008181

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization
Salesmanship Club of Dallas

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

0000

Employer identification number

2009

OMB No 1545-0047

Open to Public Inspection

						75-0717135	
Part I General Inform	mation on Grants	and Assistance				•	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grants rganızatıon's procedu	or assistance? res for monitoring the us	· · · · · · · · · · · · · · · · · · ·	Jnited States			
Form 990, Part 1	IV, line 21 for any	o Governments and recipient that received 0) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salesmanship Club Youth and Family Centers Inc106 EAST TENTH STREET Dallas,TX 75203	751855620	501(c)(3)	7,537,823				Edu & rel prog for at- risk youth&families
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations					<u> </u>

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Holiday gifts to needy families	250		10,959	fmv	Holiday gifts
Holiday food expense to needy families	30		10,500	fmv	holiday meals
See Additional Data Table					

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

 Identifier
 Return Reference
 Explanation

 Form 990, Schedule I
 Description of Organization's Organization's Provided the information required in Part I, line 2, and any other additional information.

Procedures for Monitoring the Use of Grants	occurs on a regular basis by management as well as board of director meetings
-	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493257008181

OMB No 1545-0047

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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	e oi	gai	niza	t io	n
Salesm	ans	hıp	Club	of	Dalla	as	

Employer identification number

75-0717135

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines $4a-c$, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Teri Isaacs Jones	(I) (II)	153,534 0	0 0	450 0	18,450 0	6,441 0	178,875 0	
Kent Skipper	(I) (II)	270,294 0	0 0	27,500 0	29,400 0	6,333 0	333,527 0	0 0
Jon Drago	(I) (II)	148,760 0	0 0	0 0	14,000 0	6,257 0	169,017 0	0 0
Janie Henderson	(I) (II)	50,000 0	0 0	388,002 0	6,000 0	2,676 0	446,678 0	0 0
	•							

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization Salesmanship Club of Dallas

Employer identification number

75-0717135

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	ning	
1	Art—Works of art	аррпсавіс		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	3	224,337	FMV			
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified 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 .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the entire			on, and which is not require	a to be asea	30a		No
h	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
							İ	
	Does the organization hire or use contributions?	e third part	es or related organizations	· · · · · · · · · · · · · · · · · · ·		32a		No
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493257008181

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization Salesmanship Club of Dallas

Employer identification number

75-0717135

ldentifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7a	Active members are members in good standing with respect to regular attendance, fundraising efforts, and participation. Active members shall be entitled to all priviledges of the Club, including the right to vote and hold office and the right to participate in all Club activities. Life members are those members with how served as an active member for a total of 25 years, or any active member serving 15 years and at least 65 years of age. Life members shall be entitled to all privileges of the Club including the right to vote and hold office, and the right to participate in all Club activities. Associate members are active members with have served at least 10 years who can give satisfactory reason why they cannot continue active membership yet desire to continue association with the Club. Associate members shall be entitled to all privileges of the Club, except the right to vote and to hold office. Honorary memberships are awarded to individuals who have made significant contributions to the betterment and welfare of the community at large, or who have evidenced an intense interest in the Club or its activities and have supported such interest in a material or personal way. Honorary members are entitled to all the privileges of the Club, except the right to vote and to hold office.

ldentifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	Article VII, Section 3 - The members of the Board of directors shall be elected by vote of the Club members entitled to vote and present on election day. Article XVII, Section 1 - These Bylaws may be altered or amended in whole or in part, or repealed and new. Bylaws may be adopted upon (i) the affirmative vote of at least two-thirds of the directors of the Club then in office at any meeting of the Board of Directors, if at least seven days written notice is given of an intention to alter, amend or repeal these Bylaws or to adopt new bylaws at such a meeting, and such notice contains a statement of the nature of the proposed amendment(s), and (ii) the affirmative vote of at least two-thirds of the members of the Club entitled to vote and present at any regular or special meeting, so long as written notice of the proposed amendment has been provided to all Club members at least seven days in advance of the meeting, provided, how ever, that no amendment shall ever be made which would or might result in the diversion of any funds or assets of the Club to any use or purpose other than the charitable and educational purposes for which the Club is organized, or which would or might contravene the Restated Certificate of Formation of the Club

ldentifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11a	Copies of the completed Form 990 are distributed to the governing body for comments and questions. Any clarifications or changes required to the final form will be made and returned to the governing body prior to filing the form

ldentifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	All board members are required to complete a conflict of interest questionaire on an annual basis. All potential conflicts are reviewed by the board of directors prior to entering into any contract. Any contract in excess of \$50,000 must be put out to bid to ensure competitive pricing.

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used to determine compensation	Form 990, Part VI, Question 15a & b	A compensation survey of similar non-profit organizations is conducted. The salaries and benefits of the CEO, Executive Director and key employees are compared to other organizations for reasonableness. Such information is presented to the Board of Directors. The recommended salary and benefits are approved by the Board of Directors. Total salaries are reviewed by the Finance committee and approved by the Board of Directors.

ldentifier	Return Reference	Explanation						
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	Requests for copies of governing documents, conflict of interest policy, financial statements and IRS Form 990s are directed to the controller or CFO and fulfilled immediately						

DLN: 93493257008181

SCHEDULE R (Form 990)

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.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Selection Selectio

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

Name of the organization
Salesmanship Club of Dallas
75-0717135

(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
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization ans	swered "Yes" on	Form 990, Part	iV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) Public charity sta (if section 501(c)	tus (f) Direct controlling (3)) entity
SALESMANSHIP CLUB FOUNDATION					
103 E 10TH ST SUITE 200	SUPPORT	TX	501(c)(3)		11A N/A
DALLAS, TX 75203 75-2439715					
SALESMANSHIP CLUB CHARITABLE GOLF OF DAL					
106 E 10TH ST SUITE 200	FUNDRAISING	TX	501(c)(3)		7 N/A
DALLAS, TX 75203 86-1118804					
SALESMANSHIP CLUB YOUTH AND FAMILY CTRS					
106 E 10TH ST	EDUC/THERAPY	TX	501(c)(3)		11C SCD
DALLAS, TX 75203 75-1855620					
SCF CHARITABLE PROPERTIES INC					
106 E 10th St Suite 200	HOLDING CO	TX	501(c)(3)		11 N/A
DALLAS, TX 75203 02-0721727					

(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 asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	ine 34, 35, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	'?			
a Red	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Giff	;, grant, or capital contribution to other organization(s)		1b	Yes	
c Gift	, grant, or capital contribution from other organization(s)		1 c	Yes	
d Loa	ins or loan guarantees to or for other organization(s)		1d		No
e Loa	ns or loan guarantees by other organization(s)		1e		No
f Sal	e of assets to other organization(s)		1f		No
	chase of assets from other organization(s)		1g		No
_	change of assets		1h		No
	se of facilities, equipment, or other assets to other organization(s)		1i		No
			15		No
-	se of facilities, equipment, or other assets from other organization(s)		1j 1k	Yes	No
	formance of services or membership or fundraising solicitations for other organization(s)		11	res	No
	formance of services or membership or fundraising solicitations by other organization(s)			V	NO
	iring of facilities, equipment, mailing lists, or other assets		1m		1
n Sha	aring of paid employees		1n	Yes	
o Rei	mbursement paid to other organization for expenses		10	Yes	
p Rei	mbursement paid by other organization for expenses		1р	Yes	
q 0 tl	ner transfer of cash or property to other organization(s)		1q		No
r Oth	er transfer of cash or property from other organization(s)		1r		No
	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	s and transaction three	sholds		
	(a) Name of other organization	(b) Transaction type(a-r)	Amoui	(c) nt involv	ed 'ed
	ditional Data Table				
(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 parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		
			Yes	No		Yes	No		Yes	No
										+
										t
										L
										+
										t
										L
										-
										t
										T
										_

Software ID: Software Version:

EIN: 75-0717135

Name: Salesmanship Club of Dallas

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	Salesmanship Club Youth and Family Centers	1B	7,559,282
(1)	Salesmanship Club Charitable Golf of Dallas	1c	4,600,000
(2)	Salesmanship Club Foundation	1c	2,538,304
(3)	Salesmanship Club Charitable Golf of Dallas	1 p	1,529,838
(4)	Salesmanship Club Youth and Family Centers	1 p	158,424
(5)	Salesmanship Club Foundation	1 p	52,048
(6)	Salesmanship Club Youth and Family Centers	10	116,251