efile GRAPHIC print - DO NOT PROCESS As Filed Data -

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493258015750 OMB No. 1545-0047

☑ Yes ☐ No

Form 990 (2018)

Cat. No. 11282Y

Open to Public

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 11-01-2018 , and ending 10-31-2019 C Name of organization D Employer identification number B Check if applicable: Salesmanship Club of Dallas ☐ Address change 75-0717135 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 106 E Tenth St 200 ☐ Amended return ☐ Application pending (214) 943-9700 City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 752032296 G Gross receipts \$ 10,415,463 Name and address of principal officer: H(a) Is this a group return for Teri Isaacs □Yes ☑No subordinates? 106 E Tenth St 200 H(b) Are all subordinates Dallas, TX 752032296 ☐ Yes ☐No included? **✓** 501(c)(3) 4947(a)(1) or 501(c) () **◀** (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.SCDALLAS.ORG L Year of formation: 1921 M State of legal domicile: TX **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE EDUCATIONAL AND MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES IN THE GREATER DALLAS AREA Activities & Governance 2 Check this box ► ☐ 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) . 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 33 6 662 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 10,983,619 9,275,629 Ravenue 435,331 9 Program service revenue (Part VIII, line 2g) . 482,111 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 252,137 305,726 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,779 20,739 11,729,646 10,037,425 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10,096,955 10,153,926 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,731,121 2,743,736 Expenses 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶183,543 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 933,801 -1,115,730 13,761,877 11,781,932 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -1,744,507 Revenue less expenses. Subtract line 18 from line 12 . -2,032,231 Net Assets or Fund Balances Beginning of Current Year End of Year 15,306,740 14,202,201 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 605,133 940,226 14,701,607 13,261,975 Net assets or fund balances. Subtract line 21 from line 20 . 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 Signature of officer Sign Here Patty Pickard Senior Director of Finance Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00244301 Paid self-employed Firm's name ► CROWE LLP Firm's EIN > 35-0921680 Preparer Use Only Firm's address ► 750 N St Paul Suite 850 Phone no. (214) 777-5200 Dallas, TX 75201

orm	990 (2018)					Page 2
Pa	rt III Statem	ent of Program Servic	e Accomplishm	ents		
	Check if S	Schedule O contains a respo	nse or note to any	line in this Part III .		🗆
1		the organization's mission:				
AN A	FFILIATED NON-P	ROFIT OPERATING CORPOR	ATION. THE SALESI	MANSHIP CLUB OF D	HEIR FAMILIES IN THE GREATER DA DALLAS PROVIDES THE MOMENTOU: OGRAMS AND FACILITY'S NEEDS.	
2	Did the organiza	ation undertake any significa	nt program services	s during the year wh	ich were not listed on	
	the prior Form 9	90 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Sch	edule O.			
3	Did the organiza	tion cease conducting, or m	ake significant char	nges in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe	e these changes on Schedul	∋ O.			
4	Section 501(c)(3		ns are required to r	eport the amount of	argest program services, as measur f grants and allocations to others, th	
4a	(Code: See Additional Data) (Expenses \$ a	11,325,949 inc	cluding grants of \$	10,153,926) (Revenue \$	435,331)
4b	(Code:) (Expenses \$	inc	cluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	inc	cluding grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedu	le O.)			
	(Expenses \$	inclu	uding grants of \$) (Revenue \$)
40	Total program	service expenses >	11 325 949	<u> </u>	<u> </u>	·

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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? 4 No 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? 5 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12h Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III

rm	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
2	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		
t	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	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? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
:	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
	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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	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		No
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>

1a

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form **990** (2018)

22

0

b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: ▶_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .. Nο

Nο b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a Nο solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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 7a Yes **7**b If "Yes," did the organization notify the donor of the value of the goods or services provided? Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c

14a

14b

15

No

Nο

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines V
Se	ection 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 17			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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		No
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 governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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?	8 b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	
	ction 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-A if applicable), 990, and 990-T (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 Other (explain in Schedule O)			
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, address, and telephone number of the person who possesses the organization's books and records: Patty Pickard 106 E Tenth St Ste 200 Dallas, TX 75203 (214) 943-9700	-		n (2018)

Form 990 (2	2018)										Page 7
Part VII			Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square
Section											
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
 List all 								als o	or organizations), re	gardless of amount	
• List all o	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	d reportable compensation (Box)
								ed e	employees who rece	ived more than \$10	0,000
											e
			ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
		Average hours per week (list any hours	than o	ne bo oth a	o not ox, u in off tor/t	t che inles ficer rust	ss pers and a ee)	on	Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
		below dotted	individual trustee or director	Institutional Trustee	Officer	<ey employee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>•</td><td></td><td>related</td></ey>	Highest compensated employee	Former	•		related
See Addition	al Data Table										
-											

Part	Section A. Officers, Direct	ors, irustees	, key i	Ешрі	oye	es,	and	nigr	iest cor	npensa	teu Employees	CONL	mueu)	
	(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	Repo compo froi organiz	ortable ensation m the ation (W		w-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC) (organizat relat organiza	ed
See Ad	lditional Data Table													
												+		
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41: 6:	-l. T-1-1											\perp		
	ub-Total						>							
	otal (add lines 1b and 1c)	•					•		1,6	011,486		0		115,112
	Total number of individuals (including					bove	e) who	rece	eived mo	re than \$	100,000			
(of reportable compensation from the	organization 🕨 (6							•				
													Yes	No
	Did the organization list any former o							or hi	ghest cor	mpensate	d employee on			
	line 1a? If "Yes," complete Schedule J	I for such individ	dual .	•	•	•		•				3		No
(For any individual listed on line 1a, is organization and related organization: individual										m the	4	Yes	
	Did any person listed on line 1a receiv services rendered to the organization									tion or in	dividual for	5		No
Sec	tion B. Independent Contract	ors												
1 (Complete this table for your five high	est compensate										mpens	sation	
	from the organization. Report comper	(A)	aieiiudf	year	ena	шg	WILLI O	ı WIT	iiiii the o	ryanizati	on s tax year. (B)		(C	·)
l	Name a	and business addre	ess							Des	scription of services		Comper	
l														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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compensation from the organization \blacktriangleright 0

Part	VIII	Statement of								
		Check if Schedul	e O contains a	a respo	onse or note to any	/ line in this Part VII (A) Total revenue	Rela ex fur	(B) ated or cempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1/1	1a	Federated campaign	ns	1a			l lev	venue		512 - 514
ints	b	Membership dues .		1 b	555,757					
Gra	c	: Fundraising events		1c						
ts, T	d	Related organization	ns	1d	6,159,732					
Gif ilai	l e	Government grants (co	ontributions)	1e	<u> </u>					
ns, iim	f	All other contributions,	gifts, grants,		<u> </u>					
bution ther S		and similar amounts no above Noncash contribution	ot included	1 f	2,560,140					
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f:\$ • Total. Add lines 1a-			>	9,275,629				
æ					Busines		Т			
Service Revenue	2a	CLUB ACTIVITIES				561000	435,331	435,	331	
Re Š										
e	b ·									
Ker Vi	d ·									
5	e ·			_					_	
Program	f	All other program se	rvice revenue				0		0	0 0
Æ	gT	Fotal. Add lines 2a–2	f		>	435,331				
	3 Iı	nvestment income (ir	ncluding divid	ends, i	interest, and other	1				
	si	imilar amounts) .		•	1	147,7	56			147,766
		ncome from investme				20,2	0.7			20,207
	5 K	Royalties	(i) Real		(ii) Personal	20,2	97			20,207
	6a -	Gross rents	(I) Real		(II) Personal	_				
	b	Less: rental expenses								
	c	Rental income or		0		0				
		(loss)				<u> </u>				
	d	Net rental income or			· · · •					
	_	Cross amount	(i) Securit	ies	(ii) Other					
		Gross amount from sales of	4	04,298	131,70	00				
		assets other than inventory								
	b	Less: cost or				\dashv				
		other basis and sales expenses	3	78,038		0				
	С	Gain or (loss)		26,260	131,70	00				
		Net gain or (loss) .			•	157,9	60			157,960
ø.		Gross income from fu (not including \$		ents of						
unu		contributions reporte	d on line 1c).							
eve		See Part IV, line 18		_						
Ř		Less: direct expenses Net income or (loss)		b						
Other Revenue		Gross income from g		_	ents •	_				
ō		See Part IV, line 19		C 3.						
				а						
		Less: direct expenses		b 						
		Net income or (loss)		activit	les •	1				
		Gross sales of invent returns and allowanc								
				а						
	b	Less: cost of goods s	old	b						
	С	Net income or (loss)		invent						
	11.	Miscellaneous	Revenue		Business Code	20 5	22			532
	TTS	aRefunds & rebates			90009	.5	32			532
						1				
	b									
						1				
	C									
		All other revenue .					0	0	(0
	e	Total. Add lines 11a	-11d		•	5	32			
	12	Total revenue. See	Instructions.			10.037.4	25	435.331		326.465
						10,007,4	1	100,001		Form 000 (2019)

I GILIX	otatement of i	anctional Expenses	
Section 501	(c)(3) and $501(c)(4)$	organizations must complete all columns	s. All other organizations must complete column (A)

Pa	art IX Statement of Functional Expenses				Page IC
ect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	•	·	lete column (A).	
	Check if Schedule O contains a response or note to any not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
•	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,126,864	expenses 10,126,864	general expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,062	27,062		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members	0	0		
	Compensation of current officers, directors, trustees, and key employees	744,139		744,139	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,596,284	67,777	1,528,507	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	84,020	5,200	78,820	
9	Other employee benefits	160,327	7,802	152,525	
0.	Payroll taxes	158,966	5,153	153,813	
.1	Fees for services (non-employees):				
a	Management				
b	Legal	3,350		3,350	
c	Accounting	44,638		44,638	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,559		20,559	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	223,721	0	51,142	172,579
2	Advertising and promotion	8,318		8,318	
3	Office expenses	236,835		225,871	10,964
4	Information technology	72,212		72,212	
5	Royalties				
6	Occupancy	95,959		95,959	
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	16,396		16,396	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	49,882	31,696	18,186	
	Insurance	28,430	,	28,430	
	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.)	2.070.425		2.070.425	
	a OVERHEAD ALLOCATIONS	-2,970,425		-2,970,425	
	b CLUB MEMBER SOCIAL FUNCTIONS	554,395	554,395		
	c COURSE TRANSITION COSTS	500,000	500,000		
	d				
	e All other expenses	0	0	0	0
:5	Total functional expenses. Add lines 1 through 24e	11,781,932	11,325,949	272,440	183,543
<u>!</u> 6	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2018)

2

11

18

19

20

21

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Deferred revenue

Page **11**

17,881

26.084

1,930,548

4,686,553

1,939,731

14.202.201

147,945

112.345

679.936

940.226

8.698.783

4,563,192

13,261,975

14,202,201

Form **990** (2018)

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31 32

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34

58.320

1,914,476

4,390,236

3.055.151

15.306.740

135,428

101.434

368.271

605.133

11.039.305

3,662,302

14.701.607

15,306,740

0 12

0 13

(B) Beginning of year End of year 5,601,404

5,870,079 1 Cash-non-interest-bearing . Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net . .

3 18.478 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 0 5

Loans and other 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) Complete

Part II of Schedule L . . . Assets Notes and loans receivable, net .

Inventories for sale or use .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

5,598,551 10a basis. Complete Part VI of Schedule D

10b

3,668,003 Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

12 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .

Secured mortgages and notes payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

23 24 Unsecured notes and loans payable to unrelated third parties . 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 Total liabilities. Add lines 17 through 25 .

26

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3a

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Nο

Form 990 (2018)

3h

Additional Data

Software ID: 18007697

EIN: 75-0717135

Software Version: 2018v3.1

Name: Salesmanship Club of Dallas

Form 990 (2018)

Form 990, Part III, Line 4a:

The Salesmanship Club of Dallas (SCD) sponsors the programs of Momentous Institue. Momentous Institute exists to build and repair social emotional health in children, families and communities. Each year, the organization partners with over 5,500 children and family members through innovative education and therapeutic services. Momentous Institute offers a range of therapeutic services, including individual, family and group therapies, and parent education. Using a strength-based approach, children and families are able to walk through trauma, conflict and other challenges. Momentous School provides pre-kindergarten 3 through fifth grade education to sutdents who qualify for a free or reduced lunch. Momentous School uses a strengths-based approach to weave experiences in social emotional health with a rich curriculum. The

organization also invests in research and training, including the annual Changing the Odds conference, to reach far more children than could ever be seen directly.

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations from the

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

and Independent Contractors

SECRETARY thru 9/12/19; 2nd VP as of 9/12/19

WILLIAM H VANDERSTRAATEN

TREASURER as of 9/12/19

DIRECTOR thru 9/12/19

DIRECTOR thru 9/12/19

DIRECTOR thru 9/12/19

JOSEPH ALCANTAR

TIMOTHY COSTELLO

NELSON DeVEGA

						organizations	from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
PATTON C CHAPMAN	1.0	X		x				0	0	0
PRESIDENT thru 9/12/19; DIRECTOR as of 9/12/19	0	Χ						U	0	0
MICHAEL GEORGE	1.0	X		x				0		0
DIRECTOR thru 9/12/19; SECRETARY as of 9/12/19	0							0	0	0
BRUCE W HUNT	1.0	V		x				0	0	0
TREASURER II AMAMA A AND CAMAMA		X	l	I ^	1			l o	U	0

MICHAEL GEORGE	1.0	V				0	
DIRECTOR thru 9/12/19; SECRETARY as of 9/12/19	0	^	^			0	
BRUCE W HUNT	1.0		V			0	
TREASURER thru 9/12/19; 1st VP as of 9/12/19	0	^	^			0	
PETER A LODWICK	1.0		,				
1st VP thru 9/12/19: PRESIDENT as of 9/12/19		X	^		U	U	

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BROCE W HOINT		v		v		۸ ا	ا ا	0
TREASURER thru 9/12/19; 1st VP as of 9/12/19	0	^		^				0
PETER A LODWICK	1.0	V						
1st VP thru 9/12/19; PRESIDENT as of 9/12/19	0	X		Х		U	0	0
TIMOTHY MARRON JR	1.0							
		Х		х		0	0	0

	U						
PETER A LODWICK	1.0						_
1st VP thru 9/12/19; PRESIDENT as of 9/12/19	0	X	Х		0	0	0
TIMOTHY MARRON JR	1.0		_		0	0	0
2nd VICE-PRESIDENT thru 9/12/19	0	^	^		0	0	

·	ı						
PETER A LODWICK	1.0	~	V		0	0	0
1st VP thru 9/12/19; PRESIDENT as of 9/12/19	0	^	^		0	0	0
TIMOTHY MARRON JR	1.0	V	V		0	0	0
2nd VICE-PRESIDENT thru 9/12/19	0	Х	^		U		

PETER A LODWICK	1.0	V			0		
1st VP thru 9/12/19; PRESIDENT as of 9/12/19	0	^	^		0	0	
TIMOTHY MARRON JR	1.0	~	_		0	0	0
2nd VICE-PRESIDENT thru 9/12/19	0	^	^		0	0	

200 11 0110 3, 22, 23, 1102322111 00 01 3, 22, 23	U							
TIMOTHY MARRON JR	1.0			\ \ \				
2nd VICE-PRESIDENT thru 9/12/19	0	X		X		U		U
MARTIN C PECK	1.0							
		Х		Х		0	0	0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

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

	any hours	(direct	or/t	rust	ee)		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
RANDALL R ENGSTROM	1.0	l								
DIRECTOR thru 9/12/19	0	X						0	,	
GUY KERR	1.0	1							,	
DIRECTOR thru 9/12/19	0	X								
MICHAEL S LEWIS	1.0									

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and Independent Contractors

MICHAEL S LEWIS

MICHAEL D MCKINLEY

DIRECTOR as of 9/12/19

DIRECTOR thru 9/12/19

CHARLES D SPRADLEY

DIRECTOR thru 9/12/19

DIRECTOR as of 9/12/19

STEVEN W VAN AMBURGH

DIRECTOR as of 9/12/19

MICHAEL R SWEET

FRANK SWINGLE

DIRECTOR

DIRECTOR

DIRECTOR

JOSEPH MERRITT

BRUCE A SIFFORD

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation from the

organization and related organizations

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22,492

21,850

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

	any hours		direct	or/t	rust	ee)	•	organization (W-	organizations	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
W KELVIN WALKER	1.0									_
DIRECTOR as of 9/12/19	0	×						0		0
WALTER A WALNE	1.0	×								_
DIRECTOR thru 9/12/19	0							0		0
WILLIAM C WILSHUSEN	1.0									

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259,111

168,373

and Independent Contractors

DIRECTOR as of 9/12/19

JOSEPH I WORSHAM II

DIRECTOR thru 9/12/19

DIRECTOR as of 9/12/19

DIRECTOR thru 9/12/19

DIRECTOR AS OF 9/12/19

DIRECTOR AS OF 9/12/19

EXECUTIVE DIRECTOR

SR. DIRECTOR OF FINANCE

PATRICIA PICKARD

JOHN M YEAMAN

JAMES YODER

JAMES MCAULEY

PATRICK MCEVOY

TERI ISAACS

(C) (D) (A) (B) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

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

and Independent Contractors

DIRECTOR OF COMMUNICATIONS

	any hours	""	direct	or/t	ruste	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W- 2/1099- MISC)	organization and related organizations
JON DRAGO	5.0				x			231,808	0	22,945
TOURNAMENT DIRECTOR	0							231,000		22,543
LINDA LEE	8.0					,		120 744		47.027
CONTROLLER	16.0					X		128,744	0	17,927

TOURNAMENT DIRECTOR	0		^		231,000	Ü	
LINDA LEE	8.0			Y	128,744	0	
CONTROLLER	16.0			^	120,744	0	

LINDA LEE	8.0			v	128,744	0	17,927
CONTROLLER	16.0			^	120,744		17,927
CHARLES MACKEY	40.0						

CONTROLLER	16.0			^	128,744	U	17,927	
CHARLES MACKEY	40.0							
				Х	121,921	ol	10,003	

DIRECTOR OF SALES & BUSINESS DEVELOPMENT 40.0

................. 19,895

MEAGAN ABENDSCHEIN Х 101,529

етне	GKA	APHIC Pri	t - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493258015750
		ULE A		Public (Charity Statu	s and Pub	olic Supp	ort	OMB No. 1545-0047
Forr 90E	n 99(Z)) or	Comp	lete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	mpt charitable	trust.	a section	2018
		the Treasury		► Go to	www.irs.gov/Forms			•	Open to Public Inspection
me	of th	ne organiza Club of Dallas						Employer identific	ation number
				it Ctt-	(All ausasination		L Lh:	75-0717135	
Par e or					us (All organization it is: (For lines 1 thro			see instructions.	
	П		•		sociation of churches	•		(A)(i).	
2	$\overline{\Box}$	A school de	scribed in sect	ion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3	$\overline{\Box}$	A hospital o	or a cooperative	e hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
		A medical r		zation operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
i			ation operated (iv). (Complete		t of a college or univer	rsity owned or op	erated by a gov	ernmental unit descri	bed in section 170
•		A federal, s	tate, or local g	overnment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
,		An organiza section 17	ation that norm ' 0(b)(1)(A)(v	ally receives a i). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gener	al public described in
3					170(b)(1)(A)(vi).	(Complete Part I	I.)		
					escribed in 170(b)(1) ee instructions. Enter				ege or university or
	✓	from activit investment	ies related to it income and ur	ts exempt fun related busin	(1) more than 331/3% ctions—subject to cert ess taxable income (lemplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
					exclusively to test for	r public safety. S	ee section 509	(a)(4).	
		more public	ly supported o	rganizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
		Type I. A so	supporting orga	nization opera to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its su	upported organiz	zation(s), typically by	
1		manageme		rting organiza	ervised or controlled in ation vested in the san and C.				
:					supporting organization ons). You must com				ted with, its
		Type III n	on-functional integrated. Th	lly integrated le organization	d. A supporting organi n generally must satis t IV, Sections A and	zation operated i fy a distribution i	in connection wi	th its supported orgar	
		Check this	box if the orgai	nization receiv	ved a written determing integrated supporting	ation from the If	RS that it is a Ty	pe I, Type II, Type II	I functionally
F	Enter					-			
	Provid	de the follow	ing information		pported organization(s).			
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
tal									
	aperv	vork Reduc	tion Act Notic	e, see the Ir	nstructions for	Cat. No. 11285	iF s	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

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

S	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grant.") .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
9	ection B. Total Support						1
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d)2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
٠	dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources	1					
9	Net income from unrelated business						
-	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and stop here	_		, ,	,	` ' ' ' '	,
	check this box and stop here	C D					
	ection C. Computation of Public						
	Public support percentage for 2018 (line					14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box
	and stop here. The organization qualif						
b	33 1/3% support test—2017. If the						ck this
17a	box and stop here. The organization of 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets t	–2018. If the org	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and stop he	, and line 14 •re. Explain	▶⊔
b	organization	: —2017. If the or	acts-and-circumst	ances" test, check	this box and sto	p here.	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

P	art IIII Support Schedule fo	r Organization:	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you the organization fails t	checked the box	on line 10 of P	art I or if the org	ganization failed	to qualify under	Part II. If
Se	ection A. Public Support	o quamy anacr t	ine costs nocca	selow, piedse ed	mpiece i are ii.		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	9,964,569	14,336,648	12,339,062	10,983,620	9,275,629	56,899,528
2	include any "unusual grants.") . 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	578,938	598,502	475,704	482,111	435,331	2,570,586
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	10,543,507	14,935,150	12,814,766	11,465,731	9,710,960	59,470,114
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	3,857,317	7,723,833	5,354,096	5,037,088	6,159,732	28,132,066
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.	0	0	0	0	0	0
С	Add lines 7a and 7b	3,857,317	7,723,833	5,354,096	5,037,088	6,159,732	28,132,066
8	Public support. (Subtract line 7c						31,338,048
	from line 6.)						31,330,010
56	ection B. Total Support	Т		Т	Т		
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	10,543,507	14,935,150	12,814,766	11,465,731	9,710,960	59,470,114
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,893	109,963	107,290	141,752	166,973	607,871
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
C	Add lines 10a and 10b.	81,893	109,963	107,290	141,752	166,973	607,871
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12		0	0	0	1,162	1,532	2,694
13	Total support. (Add lines 9, 10c,	10,625,400	15,045,113	12,922,056	11,608,645	9,879,465	60,080,679
14	11, and 12.) [First five years. If the Form 990 is f	, ,	's first second th	, ,	, ,	tion 501(c)(3) ora	, ,
14	•	-			*	. , . , -	_
Se	check this box and stop here ection C. Computation of Public			<u> </u>			
15	Public support percentage for 2018 (li			column (f))		15	52.16 %
16	Public support percentage from 2017					16	56.03 %
	ection D. Computation of Inves					1 =- 1	
17	Investment income percentage for 20			line 13, column (f))	17	1.01 %
	Investment income percentage from :	2017 Schedule A	Part III line 17			18	0.82 %

19a 331/3% support tests—2018. 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—2017. 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 \blacktriangleright \bigsqcup

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 of 990-E2) 2016		- 1	age 3
Pē	Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			<u> </u>
	governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_ '		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	I	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	ganization (see

Page **6**

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. . . . c Excess from 2016.

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part III, Line 12 DESCRIPTION - PROCEEDS FROM CLASS ACTION LAWSUIT, COLUMN A - , COLUMN B - , COLUMN C - , C Other Income OLUMN D - 1162.0, COLUMN E - , COLUMN F - 1162.0; DESCRIPTION - REFUNDS AND REBATES, COLUM N A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 532.0, COLUMN F - 532.0; DESCRIP TION - PROCEEDS FROM TIMBER SALES, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COL

UMN E - 1000.0. COLUMN F - 1000.0:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493258015750

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Go to www.irs.gov/Form990 for the latest information.

	me of the organization		Employer identification number
Sal	esmanship Club of Dallas		75-0717135
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Other Simila	r Funds or Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line (a) Donor advised fund	
1	Total number at end of year	(a) Donor advised fund	ds (b)Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	re in writing that the access held	in denote advised funds are the
5	organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any othe	er purpose conferring impermissible
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Ye	es" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) \square Preser	vation of an historically important land area
	Protection of natural habitat	☐ Preser	vation of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	qualifica conscivation continuati	Held at the End of the Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a	historic 2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		n, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and	enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enfor	cing conservation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section $170(h)(4)(B)(ii)$?		Yes No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's fir	
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or r	esearch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	.6 (ASC 958), to report in its revo lic exhibition, education, or resea	enue statement and balance sheet works of art, arch in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line $oldsymbol{1}$		> \$
	ii)Assets included in Form 990, Part X		<u> </u>
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar as:	sets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat. No. 52283D Schedule D (Form 990) 201

Par	t IIII	Organizations Ma	aintaining Col	lections of A	rt, Histori	cal T	reasu	ires, or (Other 9	Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply):		n, and other rec	ords, check	any of	the fol	llowing tha	at are a	significant u	se of its coll	ection	
а		Public exhibition			d		Loan	or exchan	ge progi	rams			
b		Scholarly research			е		Other	r					
С		Preservation for future	generations										
4	Provid Part X	e a description of the o	organization's col	lections and exp	lain how the	ey furth	ner the	e organiza	tion's ex	empt purpo	se in		
5		g the year, did the orga to be sold to raise fur									☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			Form 990	, Part	IV, lii	ne 9, or i	eporte	d an amou	nt on Forn	າ 990,	Part
1a		organization an agent ed on Form 990, Part)									☐ Yes	□ N	o
b	If "Yes	s," explain the arrange	ment in Part XIII	and complete t	he followina	table:				A	mount		_
c		ning balance		·	-				1c				_
d	_	ons during the year .							1d				_
е		outions during the year							1e				_
f		palance							1f				_
2-								_		Lilia.o			_
2a		e organization include								•	_	⊔ N	0
b		s," explain the arrange											
-6	rt V	Endowment Fund	as. Complete if	(a)Current yea		rior yea		(c)Two yea		(d)Three yea		our year	re back
1a	Beainni	ng of year balance .		2,245		1,998	-		506,361		468,265		549,759
	_	utions			,000		5,000		180,070		45,050	· · · · ·	0
		estment earnings, gair	s. and losses	291,	,513	122	2,895		414,042		80,394		5,767
		or scholarships	•	105,	,808	95	5,009		86,683		72,959		72,112
		xpenditures for facilities					<u> </u>				,		
_		grams		-459,	,679				0		0		0
f	Adminis	strative expenses .		16,	,528	15	5,749		15,073		14,389		15,149
g	End of y	year balance		2,974,	,710	2,245	5,854	1,	.998,717	1,	506,361	1,	468,265
2	Provid	e the estimated percei	ntage of the curre	ent year end bal	ance (line 1	g, colu	mn (a))) held as:					
а	Board	designated or quasi-e	ndowment 🟲	0 %									
b	Perma	nent endowment 🟲	33.66 %										
С	Tempo	orarily restricted endov	vment ▶ 66.	34 %									
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
3а		ere endowment funds	not in the posses	sion of the orga	nization that	t are h	eld and	d administ	ered for	the			
	-	zation by: related organizations									2-(:)	Yes	No No
	` '	-				•					3a(i) 3a(ii)		No
b		lated organizations .s" on 3a(ii), are the rel			ired on Sche	dule R	? .				3b		
4		be in Part XIII the inte					-					ıl	
Pa	rt VI	Land, Buildings,											
		Complete if the or	ganization answ	vered "Yes" on									
	Descrip	ption of property	(a) Cost or oth (investme	, ,	Cost or other	basis (other)	(c) Accun	nulated de	epreciation	(d) B	ook valu	e
1a	Land .					1,81	12,339					1	,812,339
b	Building	js				1,43	35,542			1,435,542			0
	_	old improvements				16	56,274			141,130			25,144
		ent				39	94,648			334,254			60,394
•	-4-16111					4 70	70.740			, 757,077			22.674

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securities. Complete if the ordinate See Form 990, Part X, line 12.	ganiza	tion ansv	vered "Yes" on Form	990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me Cost or end	ethod of valuation: d-of-year market value
(1) Financia(2) Closely-(3)Other	held equity interests	<u>:</u>			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990. F	Part IV. li	ne 11c. See Form 99	90. Part X. line 13
	(a) Description of investment		ook value	(c) Me	ethod of valuation:
(1)		<u> </u>		Cost of end	d-of-year market value
(2)					
(3)		 			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	,			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
	MENTAL RTMT BENEFIT				
(3) CONTRIE	DM RELATED EXEMPT ENTITIES BUTIONS RECEIVABLE				1,824,731 115,000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				1,939,731
Part X	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25.	erea Y		· · · · · · · · · · · · · · · · · · ·	e lie or lif.
(1) Federal i	(a) Description of liability ncome taxes		(b) B	look value	
	ated exempt entities			679,936	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)	▶		679,936	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the	footnot		rganization's financial s	
organization	's liability for uncertain tax positions under FIN 48 (ASC 740).	uneck l	nere if the	text or the foothote ha	s been provided in Part XIII 🔟

Page 4

10,321,741

11,761,373

11,761,373

20.559

11.781.932

Schedule D (Form 990) 2018

2e

3

4c

5

20,559

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, line 2; Part

2a 2b

2c

2d

4a

4b

Explanation

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . .

Schedule D (Form 990) 2018

Donated services and use of facilities . . .

Prior year adjustments

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

1

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

ıle D (Form 990) 2018	Page 5
XIII Supplemental Information (continued)	
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 75-0717135

Name: Salesmanship Club of Dallas

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 1e Other expenditures for facilities and programs	During fiscal year ended October 31, 2019, as a result of the adoption of ASU 2016-14, the Club performed additional analysis on older net assets with donor restrictions. The Club identified and reclassed \$459,679 to net assets with donor restrictions that had been prev iously reported as net assets without donor restrictions. This reclassification includes p rior period classification of certain contributions received to establish endowment funds. It was impracticable to restate prior year financial statements as these reclassification s date back to over several years. This reclassification had no effect on total net assets

as of October 31, 2019 or the change in net assets for the year then ended.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THROUGH THE SALESMANSHIP CLUB SCHOLARSHIP PROGRAM, THE DESIGNATED FUNDS HELP CLIENTS AND FORMER CLIENTS IMPROVE THEIR LIVES THROUGH THE PURSUIT OF HIGHER EDUCATION. AFTER SUBMITTING AN APPLICATION AND SUCCESSFULLY INTERVIEWING AND MEETING ALL APPLICATION CRITERIA, FUNDS ARE USED TO HELP SCHOLARSHIP RECIPIENTS PAY FOR EDUCATION COSTS INCLUDING TUITION, FEES, BOOKS AND OTHER PRE-APPROVED EXPENSES.

Supplemental Information	upplemental Information							
Return Reference	Explanation							
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE CLUB IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES IN TERNAL REVENUE CODE (THE "CODE"), EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. I N ADDITION, THE CLUB HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVA TE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. FOR THE YEAR ENDED OCTOBER 31, 2019, THE CLUB HAD NO NET UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR IN COME TAX HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GAAP REQUIRES THE EVA LUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CLUB 'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUS TAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. A RECONCILIATION IS NOT PROVIDED HEREIN, AS THE BEGINNING AND ENDING AMOUNTS OF UNRECOGNIZED BE NEFITS ARE ZERO, WITH NO INTERIM ADDITIONS, REDUCTIONS, OR SETTLEMENTS. THE CLUB IS RELYIN GON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRE SERVE THAT STATUS. HOWEVER, THE CONCLUSIONS REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF. THE CLUB RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. THE CLUB'S INFORMATIONAL RETURNS FILED ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE DUE DATE OR DATE OF FILING.							

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -				D	LN: 93493258015750
Note: To capture the full cor	ntent of this do	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	en printing.		
Schedule I		Grants and O	thar Accietane	o to Organiz	ations		OMB No. 1545-0047
(Form 990)			ther Assistance		•		2018
			and Individuals	-	-		2010
Department of the	Coi	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public
Treasury Internal Revenue Service		► Go to <u>www</u>	<i>v.irs.gov/Form</i> 990 for		on.		Inspection
Name of the organization						Employer identif	ication number
Salesmanship Club of Dallas						75-0717135	
Part I General Informat	ion on Grants	and Assistance				•	
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants ization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.			✓ Yes □ No
		can be duplicated if add		nts. Complete if the o	rgamzation answered tes	on Form 990, Part IV, III	ie 21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
(1) Momentous Institute 106 E 10th St Dallas, TX 75203	75-1855620	501(c)(3)	10,126,864				Support for social and emotional health programs
2 Enter total number of section	501(c)(3) and go	vernment organizations	listed in the line 1 table .			•	1
3 Enter total number of other of	organizations listed	d in the line 1 table				. -	0
For Paperwork Reduction Act Notice,	see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sc	chedule I (Form 990) 2018

Return Reference

grant funds.

Explanation Schedule I, Part I, Line 2 GRANTS ARE AWARDED SOLELY TO RELATED ORGANIZATIONS. REVIEW OF RELATED ORGANIZATIONS' OPERATIONS AND FINANCIAL STATEMENTS ARE PERFORMED Procedures for monitoring use of ION A REGULAR BASIS BY MANAGEMENT AS WELL AS BOARD OF DIRECTORS.

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19325	8015	750
Schedule J (Form 990)		Co	ompensati	ion Information	10	1B No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.		to Pul ectio	
	ne of the organiza	lation			Employer identificat			
Sale	esmanship Club of Da	allas			75-0717135			
Pa	rt I Questi	ons Regarding Compensa	tion		73 0717133			
							Yes	No
1 a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payment	is 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chaut	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn oplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all	- 1-2	2		
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	elar			
3				ed to establish the compensation of the	he			
	_	•		not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
	, 	-						
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensa	ition committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b	•		•	ified retirement plan?		4b		No
С				nsation arrangement? Dicable amounts for each item in Par		4c		No
	If les to any t	of filles Harc, fist the persons and	u provide tile app	bilicable almounts for each item in Far	C 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.				
5				the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		n?				5a		No
b	-	anization?				5b		No
_	,	·	A 12 A 12 L					
6	compensation co	ontingent on the net earnings of	f:	the organization pay or accrue any				
a	-	n?				6a		No
b						6b		No
7	•	6a or 6b, describe in Part III.	on Alina 1 - Jili	the organization provide any nonfixe	d			
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	rt III	u 	7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9				presumption procedure described in		9		110
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2018

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

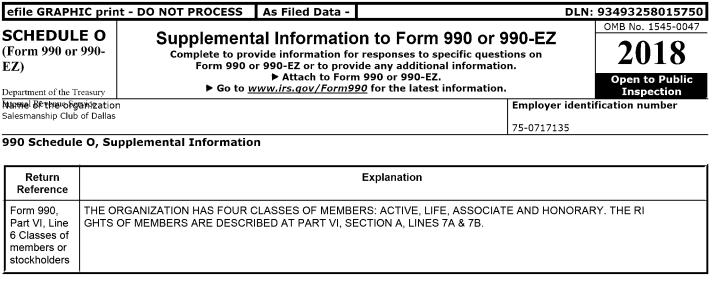
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). [Note. The sum of column	o no s (B)	ot list any individuals that (i)-(iii) for each listed ind	are not listed on Form 99 dividual must equal the to	90, Part VII. Ital amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown (i) Base	of W-2 and/or 1099-MIS	C compensation (iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	reportable compensation	Compensation			Form 990
1 TERI ISAACS	(i)	234,511	15,000	9,600	14,104	8,388	281,603	0
EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
2 PATRICIA PICKARD	(i)	167,198	1,175	0	10,251	11,599	190,223	0
SR. DIRECTOR OF FINANCE	(ii)	0	0	0	0	0	0	0
3 JON DRAGO	(i)	206,683	15,525	9,600	12,554	10,391	254,753	0
TOURNAMENT DIRECTOR	(ii)	0	0	0	0	0	0	0
							<u> </u> Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Inform	nation
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.
Return Reference	Explanation
payments	A compensation committee comprised of the board chairs for Salesmanship Club of Dallas, Momentous Institute, Salesmanship Club Charitable Golf of Dallas, Salesmanship Club Foundation, and SCF Charitable Properties review and approve executive compensation. The compensation committee agreed to award the executive directors of Salesmanship Club of Dallas and Salesmanship Club Charitable Golf of Dallas a one-time \$15,000 discretionary bonus each based on their

performance. This bonus was not tied to specific performance measurements.

I (Form 990) 2018



Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	ACTIVE MEMBERS ARE MEMBERS IN GOOD STANDING WITH RESPECT TO REGULAR ATTENDANCE, FUNDRAISIN G EFFORTS, AND PARTICIPATION. ACTIVE MEMBERS SHALL BE ENTITLED TO ALL PRIVILEGES OF THE CL UB, INCLUDING THE RIGHT TO VOTE AND HOLD OFFICE AND THE RIGHT TO PARTICIPATE IN ALL CLUB A CTIVITIES. LIFE MEMBERS ARE THOSE MEMBERS WHO HAVE 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 MEMB ERS SHALL BE ENTITLED TO ALL PRIVILEGES OF THE CLUB INCLUDING THE RIGHT TO VOTE AND HOLD O FFICE, AND THE RIGHT TO PARTICIPATE IN ALL CLUB ACTIVITIES. ASSOCIATE MEMBERS ARE ACTIVE M EMBERS WHO 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 MEM BERS 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 CONTRIB UTIONS 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 MATERI AL OR PERSONAL WAY. HONORARY MEMBERS ARE ENTITLED TO ALL THE PRIVILEGES OF THE CLUB, EXCEP THE RIGHT TO VOTE AND TO HOLD OFFICE.

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	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 WRITTE N NOTICE OF THE PROPOSED AMENDMENT HAS BEEN PROVIDED TO ALL CLUB MEMBERS AT LEAST SEVEN DAYS IN ADVANCE OF THE MEETING; PROVIDED, HOWEVER, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	All committees document meetings and actions. However, the organization did not have any committees with authority to act on behalf of the governing body.

Return Explanation

Reference

Form 990,
Part VI, Line
11b Review
of form 990
by governing
body

THE FORM 990 IS PREPARED BY SCD STAFF AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM. UPON COM
PLETION, THE DOCUMENT IS REVIEWED BY THE CONTROLLER, SR. DIRECTOR OF FINANCE AND THE EXECU
TIVE DIRECTOR. 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 m
ade and returned to the governing body prior to filing with the IRS.

Return Reference Explanation Form 990. ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNU

Part VI, Line
12c Conflict
of interest
policy

AL BASIS. ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO ENTERING
INTO ANY CONTRACT. MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSIONS AND VOTING
WITH RESPECT TO POTENTIAL CONFLICTS. OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLY WIT
H PERSONNEL POLICY & PROCEDURES MANUAL THAT CONTAINS A CONFLICT OF INTEREST COMPONENT WITH
A DUTY TO DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE DIRECTOR'S SALARY IS ESTABLISHED USING THE FOLLOWING PROCESSES. An independe nt third-party compensation survey of similar non-profit organizations is conducted ANNUAL LY. The salaries and benefits are compared to other organizations for reasonableness. Tota I salaries are reviewed by the Finance Committee, which is made up of independent persons with respect to salary decisions. The recommended salary and benefits are approved by the Board of Directors. DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.

Return

Reference	·
Form 990,	THE COMPENSATION APPROVAL PROCESS FOR THE OTHER OFFICERS AND KEY EMPLOYEES FOLLOWS THE SAME
Part VI, Line	PROCEDURES DETAILED FOR THE EXECUTIVE DIRECTOR.
15b Process	
to establish	
compensation	
of other	
employees	

Explanation

Return
Reference

Explanation

Explanation

Explanation

Form 990,
Part VI, Line
19 Required documents available to the public

COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Related

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Employer identification number

DLN: 93493258015750 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

* Go to www.irs.gov/Form990 for instructions and the

Salesmanship Club of Dallas 75-0717135 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (d) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No ΤX SCD (1)Momentous Institute EDU/THERAPY 501(c)(3) Type I 106 E 10TH ST SUITE 200 DALLAS, TX 75203 75-1855620 (2)SCF CHARITABLE PROPERTIES INC HOLDING CO. TX 501(c)(3) SCD Type I 106 E 10TH ST SUITE 200 DALLAS, TX 75203 02-0721727 ΤX (3) SALESMANSHIP CLUB FOUNDATION SUPPORT 501(c)(3) Type I SCD 106 E 10TH ST SUITE 200 DALLAS, TX 75203 75-2439715 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	n total income	(g) Share of end-of-year assets	Disprop	h) ortionate otions?	(i) e Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownershi
					314)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						nization ans	wered "Yes	" on F	orm 9	90, Part IV,	line	34	
		L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	(1	ı) ntage	Se (1:	(i) ection 512 3) control entity?
(a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	S (:	1

Schedule R (Form 990) 2018			Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
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?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1b	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)	•	1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		1 p	Yes	
q Reimbursement paid by related organization(s) for expenses		1 q	Yes	
r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1 s		No
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 an	nd transaction thresholds.			
		/ 41		

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	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	me section feed, 501(c)(3) from nder s 512-		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
							-			Schedul	e R (Form	990	0) 2018

chedule R (For	m 990) 2018	Page	e 5					
Part VII	Supplemental Info	upplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).						
Return Reference		Explanation						