

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your FORVIS advisor if you have questions about these rules.

Form **990**Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

nder 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.

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► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ar	or tr	1e 202	1 calendar year, or tax year begin	nning 07/	01/2021	and endin	<u>ıg</u>		06/3	30/202	2			
Во	heck if a	pplicable:	C Name of organization AMERICAN A	SSOCIATION OF P	ROFESSI	ONAL		D Employer ide	ntificat	ion numb	er .			
_	_		LANDMEN, INC.											
	Addre		Doing Business As			Room/suite		75-0975						
	Name	e change	Number and street (or P.O. box if mail is		E Telephone number									
	Initia	l return	800 FOURNIER STREET		(817)84	17-7	700							
	Term	ninated	City or town, state or province, country, a	and ZIP or foreign postal code	•									
	Amer retur		FORT WORTH, TX 76102					G Gross receipt	s \$	15,4	105,496.			
		ication	F Name and address of principal officer:	DR. GRETA ZE	IMETZ			H(a) Is this a ground subordinates?	p return f	or .	Yes X No			
			800 FOURNIER STREET, FO	ORT WORTH, TX 7	6102			H(b) Are all subordi		led?	Yes No			
ı	Tax-ex	cempt st	atus: 501(c)(3) X 501(c) (6	6) ◀ (insert no.)	4947(a)(1) c	or 527	7	If "No," attac	h a list. (s	ee instructio	ns)			
J	Webs	ite: 🕨	WWW.LANDMAN.ORG	<u> </u>		<u> </u>		H(c) Group exemp	tion num	ber >				
				Association Other	,	L Year of	formati	on: 1987 M	State of	legal dom	icile: TX			
	art I		mmary	•		<u> </u>		<u>'</u>						
	1	Briefly	describe the organization's mission o	r most significant activities	s: MISSI	ON IS TO) PRC	MOTE THE	HIGH	IEST				
ø	-		NDARDS OF PERFORMANCE FO					MILE TO						
auc			TURE, AND ENCOURAGE SOUN											
ern	2		this box if the organization d											
Governance	3		er of voting members of the governing	•	•				3		48			
	4		er of independent voting members of t						4		48			
ies	5		number of individuals employed in cale						5		34			
Activities &	6		number of volunteers (estimate if necess						6		48			
Act	_		unrelated business revenue from Part V	**					7a		212,941.			
•									7b					
	Ь	ivet ui	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7.0	Curror	2,865. nt Year			
	8 Contributions and grants (Part VIII, line 1h)													
Revenue	0	Contri	butions and grants (Part VIII, line III)		COPY	FOR					568,848.			
	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	SPECTION		2,287,05			279,111.			
Re			ment income (Part VIII, column (A), line					3,987,87			528,115.			
	11		revenue (Part VIII, column (A), lines 5,					-144,17			594,415.			
	12		revenue - add lines 8 through 11 (must					6,130,75			970,489.			
	13		s and similar amounts paid (Part IX, colu					NONE		1	L00,000.			
	14		its paid to or for members (Part IX, colu			NE		NONE						
es	15		es, other compensation, employee bene					3,538,89		3,5	533,570.			
Expenses	16a		ssional fundraising fees (Part IX, column					NC	NE		NONE			
Ϋ́	b		fundraising expenses (Part IX, column (I											
_	17		expenses (Part IX, column (A), lines 11					2,867,642.		3,4	149 , 195.			
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			6,406,54	0.	7,0)82 , 765.			
	19	Rever	ue less expenses. Subtract line 18 from	n line 12				-275 , 78	9.	2,8	387 , 724.			
s or							Beginn	ning of Current Y	ear	End o	f Year			
set	20	Total	assets (Part X, line 16)					45,737,64	6.	39,3	889 , 801.			
Net Assets or Fund Balances	21	Total I	iabilities (Part X, line 26)					2,664,17	5.	2,1	74,503.			
影	22	Net as	ssets or fund balances. Subtract line 21	from line 20				43,073,47	1.	37,2	215,298.			
Pa	art II	Siç	gnature Block											
Un	der pe	nalties o	of perjury, I declare that I have examined th	is return, including accompa	anying schedu	les and statem	nents, ar	nd to the best of	my kno	wledge a	nd belief, it is			
true	e, corre	ect, and	complete. Declaration of preparer (other than	1 officer) is based on all infor	mation of whic	n preparer nas	s any kn	owiedge.						
Sig			Signature of officer					Date						
He	re													
			Type or print name and title											
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N				
Paid		NOE	LLE ALBERTO					self-employe		17041	.42			
	parer	Eirm's	name ► FORVIS, LLP	1				Firm's EIN	•	01602				
Use	Only		, , , , , , , , , , , , , , , , , , ,	ITE 2000 FORT WORTH, I	76102 x			Phone no.		01002 7-332-				
Mav	the I		cuss this return with the preparer show	· · · · · · · · · · · · · · · · · · ·					<u> </u>	X Yes				
			Reduction Act Notice, see the separat	·	<u> </u>	<u> </u>	<u></u>				990 (2021)			
	· upc	vi n								1 01111	(4041)			

Form 990 (2021)
Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a	response or note to any line in this Part	III	
1	Briefly describe the organization's mission			
	AAPL'S MISSION IS TO PROMO	TE THE HIGHEST STANDARDS OF	PERFORMANCE FOR	
	ALL LAND PROFESSIONALS, TO	ADVANCE THEIR STATURE, AND	TO ENCOURAGE	
	SOUND AND ETHICAL STEWARDS	HIP OF ENERGY AND MINERAL RE	SOURCES.	
_	Did the organization undertake any sign	ificant program corvings during the year	r which were not listed on the	
2	prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services on	Schedule O		21 110
3	Did the organization cease conducting		ow it conducts any program	
	services? If "Yes," describe these changes on Sche			X No
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)	ervice accomplishments for each of its ()(4) organizations are required to repo	s three largest program services, as measurt the amount of grants and allocations to	
	the total expenses, and revenue, if any, for	or each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	AAPL IS AN ORGANIZATION REI			
	MATTERS. ITS PURPOSES ARE (CARRIED OUT BY A MONTHLY		
	MAGAZINE/JOURNAL WITH A DIS	STRIBUTION OF APPROXIMATELY	12,000	
	COPIES; IN EXCESS OF 85 EDU	JCATIONAL EVENTS, QUARTERLY	BOARD	
	MEETINGS AND AN ANNUAL MEET	TING/CONFERENCE. AAPL HAS A	PROXIMATELY	
	12,000 MEMBERS.			
_				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
<u>4</u> c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(σοασ) (Επροποσο ψ	miolading grants of ψ		
_				
4d	Other program services (Describe on Sch	nedule O.)		
	(Expenses \$ including g	rants of \$) (Revenue	\$)	

4e Total program service expenses ▶

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Χ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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 services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	Y	

Form 990 (2021)

Part IV Checklist of Required Schedules (continued) Page 4

Fart	Checklist of Required Schedules (Continued)		V	N _a
	Did the conscious and according to 0.00 of constant and their contracts to the description of the descriptio		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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		
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?	25h		
26	If "Yes," complete Schedule L, Part I	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		v
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: If Tes, complete schedule in	25		
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	37	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	X	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	v	
JSA		1c Form	Х 990	(2021)
1E1030	1.000			/

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See 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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		3.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-7	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. /		

10

75-0975500 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	48			
	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				
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
2	any other officer, director, trustee, or key employee?	I	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the				
3	supervision of officers, directors, trustees, or key employees to a management company or other person?.		3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	I	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6			6	Х	
_	Did the organization have members or stockholders?			- 11	
7a	one or more members of the governing body?		7a	Х	
L	Are any governance decisions of the organization reserved to (or subject to approval by) mem			- 11	
D			7b	Х	
0	stockholders, or persons other than the governing body?			21	
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	auring			
_	the year by the following:		8a	Х	
a	The governing body?		8b	X	
b	Each committee with authority to act on behalf of the governing body?		00	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>		9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue (Code.		
		-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,			
	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 for	orm?.	11a	Χ	
b	Describe on 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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	d give			
	rise to conflicts?		12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe on Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and approx	- 1			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization	• • •	100	21	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		100		
17 10	List the states with which a copy of this Form 990 is required to be filed ►	74 000 T	(0004	ion F	01/0\
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)		(sect	ion 5	01(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and	d records	: 🛌		
	State the name, address, and telephone number of the person who possesses the organization's books and	a 1000103			

817-847-7700

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
_(1) DR. GRETA P. ZEIMETZ, CAE	40.00									
AAPL EXECUTIVE VICE PRESIDENT	6.00			Х				319,003.	NONE	62 , 921.
(2) LEANN CALLIHAN	40.00									
AAPL VICE PRESIDENT	NONE				Х			273,199.	NONE	78,442.
(3) AMANDA JOHNSON	40.00									
CHIEF ACCOUNTING OFFICER	6.00			Х				169,099.	NONE	23,409.
(4) RUSSELL COHEN	40.00									
DIRECTOR OF GOVERNMENT AFFAIRS	NONE					Х		147,642.	NONE	16,953.
(5) ANDREA SPENCER	40.00									
COMMUNICATIONS MANAGER	NONE					X		128,899.	NONE	15,898.
(6) JAMES T. DEVLIN	5.00									
PRESIDENT	NONE	X		Х				918.	NONE	NONE
(7) CARL D. CAMPBELL, CPL	5.00									
1ST VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(8) GREGORY M. RIEDL, CPL	2.00									
2ND VICE PRESIDENT END: 06/22	NONE	X		Х				NONE	NONE	NONE
(9) WILLIAM G. BOONE, CPL	2.00									
3RD VICE PRESIDENT	2.00	X		Х				NONE	NONE	NONE
(10) CRANFORD DELANO NEWELL JR., C	2.00									
TREASURER END: 06/22	4.00	X		Х				NONE	NONE	NONE
(11) SARA A. WORSHAM, CPL	5.00									
SECRETARY END: 06/22	NONE	X		Х				NONE	NONE	NONE
(12) LESTER A. ZITKUS, CPL	5.00									
IMMEDIATE PAST PRESIDENT	NONE	X		X				NONE	NONE	NONE
(13) ADAM B. STELLAR, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) ADAM PETZ, CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	
										Form 990 (2021)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours per					than o		compensation	compensation from	amount of other
	week (list any hours for					or/trust		from the	related organizations	compensation
	related	Ind or o	Ins	Officer	Ke)	Hig em	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ividu	tituti	icer	em (hest	mer	(W-2/1099-MISC)		organization and related
	line)	tor tr	ona		Key employee	ee				organizations
		Individual trustee or director	Institutional trust		ee	nper				
		Ď	stee			Highest compensated employee				
(15) ADAM W. ROBINSON, CPL	2.00									
DIRECTOR END: 06/22	NONE	Х						NONE	NONE	NONE
(16) ALLYSON JOHNSTONE HOWARD, CPL	2.00									
DIRECTOR END: 06/22	NONE	Х						NONE	NONE	NONE
17) BENJAMIN J. WARING CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(18) BENJAMIN BRYAN HOLLIDAY	2.00									
DIRECTOR END: 06/22	NONE	Х						NONE	NONE	NONE
(19) BRIAN K. TOLSON JR., RPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(20) BRITNEY A. CROOKSHANKS, CPL	2.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(21) BRUCE E. PAYNE, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(22) CAMERON CORBETT, CPL	2.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(23) CHRISTIN L. FABER, RPL	2.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(24) CLAY WHITEHEAD, CPL	2.00	 								
DIRECTOR CONTROL OF CO	NONE	X						NONE	NONE	NONE
(25) CURT D. HORNE, CPL	2.00 NONE	.,						NONE	NONE	NONE
DIRECTOR	NONE	X					_	NONE		NONE
1b Sub-total								1,038,760.	NONE NONE	197,623. NONE
c Total from continuation sheets to Part VII, S	=						>		NONE	
d Total (add lines 1b and 1c)										197,023.
reportable compensation from the organization		11036	iiste	u ai	JUV	5) WIII	0 16	ceived more man	φ 100,000 OI	
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole c	om	pen	satio	n aı	nd other compens	sation from the	
organization and related organizations gr										

	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		

for services rendered to the organization? If "Yes," complete Schedule J for such person

4	
5	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	neck ss pe d a d	rson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(26) DAN KOSTRUB	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(27) GRIFFIN HANNA	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(28) JARED A. HEMBREE	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(29) JASON LYONS, RPL DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(30) JASON M. DOWNS, RPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(31) JESS A. ROWE, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
32) JOHN BULLOCK, CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
33) JOHN C. KROGMANN JR., CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(34) JOHN R. LEE, RPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(35) KATE BLACK	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(36) KRISTIN RENNIE	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	limited to t						► • • re	eceived more than	\$100,000 of	
reportable compensation from the organization	· ·									Yes No
3 Did the organization list any former office							emp	oloyee, or highes	t compensated	3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, 1		y En	ipio			and i	Higi	· ·	ea Employees (c	ontinued)
(A)	(B)			(C	-			(D)	(E)	(F)
Name and title	Average	(do i	not ch	Pos		e than c	nne	Reportable	Reportable	Estimated amount of
	hours per week (list any					is both		compensation from	compensation from related	other
	hours for					or/trust		the	organizations	compensation
	related organizations	ndiv or di	nsti	Officer	ê	emp High	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee	ĕ	Key employee	est o	Гег	(W-2/1099-MISC)		and related
	line)	o tr	nal		loye	eom				organizations
		Istee	trust		Õ	pens				
			ee			Highest compensated employee				
37) KYLE DUBIEL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
38) LARS NOBLE, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
39) LUCY WATHEN, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
40) MATTHEW A. GRAY, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
41) NICOLE MAXWELL, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
42) P. KELLY MULDOON, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
43) PAUL WOOD, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
44) RANDY LITTLECOTT, CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NON
45) RICHARD A. HINES, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
46) ROBERT H. WILSON III, RPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONI
47) ROBERT RICE, CPL	2.00	-								
DIRECTOR	2.00	X						NONE	NONE	NONI
1b Sub-total										
c Total from continuation sheets to Part VII,										
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but no		hose	liste	d at	oove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organizat	tion >									1 1
										Yes No
3 Did the organization list any former of										
employee on line 1a? If "Yes," complete School										3
4 For any individual listed on line 1a, is the										
organization and related organizations	greater than	ı \$15	50,0	00?	' If	"Yes	s,"	complete Schedu	le J for such	

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation

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

_	rm 990 (2021) Part VII Section A. Officers, Directors, Tr	ustees Ke	v Fn	nlo	Vec	98	and F	Hia	hest Compensat	ed Employees (c	Page 8
	(A)	(B)	, y <u></u>	ipic	((C)	unu i	···g	(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	unles	heck ss pe	rson	e than of is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
4	8) RODNEY L. BLACK, CPL	2.00									
	DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
_	9) SHAUN WILLIAMS	2.00									
_	DIRECTOR	NONE	X						NONE	NONE	NONE
	0) STEVEN N. RAPANOS, CPL	2.00	-								
_	DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
	1) TERRY P. CAVES, CPL	2.00	,						NONE	NONE	21021
_	DIRECTOR 2) TRAVIS W. BEAVERS, CPL	2.00	X						NONE	NONE	NONE
	PIRECTOR	NONE	X						NONE	NONE	NONE
	3) WESLEY T. DAY, CPL	2.00	Λ						NONE	NONE	NOINI
	DIRECTOR	NONE	X						NONE	NONE	NONE
			-								
			-								
_	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t						> > >	eceived more than	\$100,000 of	
3		cer, directo									Yes No
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	3, "	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
S	ection B. Independent Contractors										
1	Complete this table for your five highest comcompensation from the organization. Report of year.										

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c d Related organizations 73,748. 495,100. Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 568,848. **Business Code** Program Service Revenue 2a AAPL ANNUAL MEETING 900099 305,290. 305,290 611710 416,272. 416,272 EDUCATIONAL SEMINAR 900099 MEMBERSHIP DUES 1,373,553. 1,373,553. 900099 CERTIFICATION FEES & DUES 78,800. 78,800 900099 RENTAL INCOME FROM AFFLILIATE 105,196. 105,196 All other program service revenue 2,279,111. Investment income (including dividends, interest, and 509,365. 509,365. NONE 4 Income from investment of tax-exempt bond proceeds . 5 50,141. 50,141. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets 9,453,747 other than inventory 7a b Less: cost or other basis Other Revenue 7b 5,430,365 4,642 and sales expenses . . 4,023,382. -4,642 c Gain or (loss) 7c 4,018,750. 4,018,750. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 8a NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NON 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. \triangleright NONE 10a sales of inventory, less returns and allowances NONE b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory NONE **Business Code** Miscellaneous ADVERTISING/CIRCULATION 541800 208,646 208,646 Revenue 11a PARTNERSHIP INC - NAPE EXPO 523000 1,728,777. 4,295. 1,724,482. c NAPE EXPO FEE 900099 585,655. 585,655. 900009 21,196. 21,196 All other revenue 2,544,274. Total, Add lines 11a-11d Total revenue. See instructions 212,941. 9,970,489. 2,300,307. 6,888,393. 12

JSA 1E1051 1.000

Part IX Statement of Functional Expenses

	organizations must c			

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	100,000.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	926,073.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,121,479.			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	486,018.			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	14,292.			
	Accounting	72,483.			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	166,557.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	261 622			
40	(A), amount, list line 11g expenses on Schedule O.)	261,623. 133,525.			
	Advertising and promotion	167,446.			
13	Office expenses	313,961.			
14 15	Information technology	NONE			
16	Royalties	265,906.			
17	Occupancy	79,478.			
	Payments of travel or entertainment expenses	75/170.			
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	392,314.			
20		NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	201,344.			
23	Insurance	76,578.			
24					
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ANNUAL MEETING & REPORT	488,811.			
b	LANDMAN JOURNAL & DIRECTORY	395,772.			
С	EDUCATION SEMINARS	353,338.			
d	DUES AND SUBSCRIPTIONS	19,524.			
е	All other expenses	46,243.			
	Total functional expenses. Add lines 1 through 24e	7,082,765.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	1,242,354.	2	2,651,523.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	75,388.	4	58,092.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	363 , 765.	9	430,922.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6, 665, 597.			
	b	Less: accumulated depreciation	4,738,883.	10c	4,621,626.
	11	Investments - publicly traded securities	39,177,594.	11	31,519,133.
	12	Investments - other securities. See Part IV, line 11	510.	12	510.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	135,689.	14	89,209.
	15	Other assets. See Part IV, line 11	3,463.	15	18,786.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,737,646.	16	39,389,801.
	17	Accounts payable and accrued expenses	816,375.	17	841,970.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	1,352,700.	19	1,314,207.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
Ś	22	Loans and other payables to any current or former officer, director,	-		
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	1,01,12		110212
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	495,100.	25	18,326.
	26	Total liabilities. Add lines 17 through 25	2,664,175.		2,174,503.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	2,001,110.		2/1/1/003.
<u>la</u> n	27	Net assets without donor restrictions	43,073,471.	27	37,215,298.
Ba	28	Net assets with donor restrictions.	NONE		NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	NOIVE		INOINI
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
۲Α	32	Total net assets or fund balances	43,073,471.	32	37 215 200
Š	33	Total liabilities and net assets/fund balances		33	37,215,298. 39,389,801.
_	55	Total nabilities and het assets/fulla balances,	45,737,646.	33	Form 990 (2021)

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,9	70,	<u>489</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0	82,	<u>765</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	87,	<u>724</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	13,0	73,	<u>471</u>
5	Net unrealized gains (losses) on investments	5	_	-8,0	81,	<u> 173</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6	64,	<u>724</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		37 , 2	15,	<u> 298</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. 75-0975500 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 6) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Employer identification number 75-0975500

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A 	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number

LANDMEN, INC. 75-0975500

	mindidit, inc.	, , ,	0313300
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Page **4**

Name of organization Employer identification number AMERICAN ASSOCIATION OF PROFESSIONAL 75-0975500 LANDMEN, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	s that have NOT filed Form 5768 (electi	on under section 501(n)	i): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes,' (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.			
Nam	e of organization AMERIO	CAN ASSOCIATION OF PROFE	SSIONAL	Employer ide	ntification number
LAN	NDMEN, INC.			75-09	975500
		organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of t definition of "political camp	the organization's direct and indi aign activities."	rect political camp	aign activities in Part	IV. See instructions fo
2		expenditures. See instructions		▶ \$	
3		I campaign activities. See instructio			
Par	rt I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	•	cise tax incurred by the organizatio	. , , ,	5 ▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	=		-		
	If "Yes," describe in Part IV.				
		organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization			
2		ng organization's funds contributed ies			
3	•	enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made paymen the amount of political con	le Form 1120-POL for this year? s and employer identification numb its. For each organization listed, en itributions received that were prom ind or a political action committee (per (EIN) of all section liter the amount paid aptly and directly de	on 527 political organiza I from the filing organizalivered to a separate po	ation's funds. Also ente ditical organization, suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021	AMERIC	AN ASSOC	IATION OF PRO	FESSIONAL	75	-0975500 Page 2
Pa	Complete if the org section 501(h)).	janizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
	Limits (The term "expendit	on Lobb ures" me	ying Expendence	ditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to i	nfluence	public opin	on (grassroots lobb	vina)	-	
	Total lobbying expenditures to i						
	Total lobbying expenditures (ad		•	. ,			
	Other exempt purpose expendit				_		
	Total exempt purpose expendite				_		
	Lobbying nontaxable amount.				_		
	columns.			_			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000	•			
g	Grassroots nontaxable amount	(enter 25	5% of line 1f)			
h	Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i	Subtract line 1f from line 1c. If a	zero or le	ss, enter -0-				
j	If there is an amount other th	an zero	on either I	ine 1h or line 1i, o	did the organiza	tion file Form 4720	
	reporting section 4911 tax for t	his year?					Yes No
				aging Period Unde	• •		
	(Some organizations tha				-		nns below.
		See	the separa	te instructions for I	ines 2a through	2f.)	
		Lobk	ying Expe	nditures During 4-Yo	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

0 - 1	dula Q (Farri 200) 2004			75 0	0755	20 .	1
	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed			97550 68)	Page 3
_	1.77	(a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
f g h	Grants to other organizations for lobbying purposes?						
i j	Other activities?						
2a b c	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? THE III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from						Χ
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."				, line		
1	Dues, assessments and similar amounts from members			1	1,	373 ,	553
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	•	_	4			
5	and political expenditure next year?	• •		5			
<u> </u>	raxable difficult of 1000 ying and political experiatores. Occ motifications 11111111111111	<u> </u>		_			

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART III-B

LOBBYING:

IN LIEU OF NOTIFYING MEMBERS IF A PORTION OF THEIR DUES PAID ARE NONDEDUCTIBLE BECAUSE OF POLITICAL ACTIVITY, THE ORGANIZATION PAYS A PROXY TAX ON ITS FORM 990-T WHEN REQUIRED.

SCHEDULE D (Form 990)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number

LAI	NDMEN, INC.	75-0975500
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
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 advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	on handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	
0	Stair and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing to	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
•		neer valien easements adming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	.
a	Revenue included on Form 990, Part VIII, line 1	\$

Sche	dule D (Form 990) 2021 AME	RICAN ASSOCIA	TION OF PROFES	SSIONAL	75-0)975500 Page 2
Pa	rt Organizations Maintaini					
3	Using the organization's acquisitio		other records, chec	k any of the fo	ollowing that make sign	nificant use of its
	collection items (check all that appl	y):				
а	Public exhibition			or exchange pr	-	
b	Scholarly research		e Other			
С	Preservation for future gener					
4	Provide a description of the organ	nization's collections	s and explain how	they further th	e organization's exemp	t purpose in Part
_	XIII.					
5	During the year, did the organizatio					¬., ¬
_	assets to be sold to raise funds rath		ained as part of the	organization's o	collection?	Yes No
Pa	rt IV Escrow and Custodial An Complete if the organiza 990, Part X, line 21.		es" on Form 990, I	Part IV, line 9,	or reported an amou	nt on Form
1 a	Is the organization an agent, trust	tee, custodian or c	ther intermediary f	or contribution	s or other assets not	
	included on Form 990, Part X?				[Yes No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the following ta	ble:		
					Amount	:
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an am				-	Yes No
	If "Yes," explain the arrangement in	n Part XIII. Check n	ere if the explanation	n nas been prov	ided on Part XIII	
Pa	rt V Endowment Funds. Complete if the organiza	tion answered "V	os" on Form 000	Part IV line 10	n	
	Complete if the organiza	(a) Current year	(b) Prior year	(c) Two years b		(e) Four years back
		(a) Current year	(b) i noi yeai	(e) The years b	(u) Tillee years back	(e) I our years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
٦.	and losses					
	Other expenditures for facilities					
е	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage		end halance (line 1d	column (a)) he	ıld as:	
a	Board designated or quasi-endowm		%	, 001011111 (0)) 110	id do.	
b	Permanent endowment >	%	_			
С	Term endowment ▶	%				
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.			
3a	Are there endowment funds not in t	the possession of t	he organization that	are held and a	dministered for the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the relate	•	•			3b
4	Describe in Part XIII the intended u		ation's endowment fu	inds.		
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	lipment. ation answered "∨	es" on Form 990	Part IV line 1	1a See Form 990 Pa	art X line 10
	Description of property	(a) Cost o	r other basis (b) Cost	or other basis (A Accumulated	A) Pook value

Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) 1,392,051 1,392,051. 725,404. **b** Buildings 3,824,357. 3,098,953. 9,533 c Leasehold improvements 36,408. 26,875. d Equipment..... 72,247. 72,247. NONE 1,340,534. 1,236,787 103,747. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,621,626.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990. P	art X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Vos" on Form 000	Part IV line 11e See Form 000 P	art V lina 12
	· •			·
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, P	art X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	was the mount are all Farms 2000 Bort V and tB) if	45)		
	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15.)		
Part X	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability		(b) Book value
(1) Feder	ral income taxes	•		-
(2)DUE TO	O AFFILIATE			18,326.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			18,326.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA 1E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	1,058,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-8,081,173.
3	Subtract line 2e from line 1	3	9,139,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 664,724.		
	Add lines 4a and 4b	4c	831,281.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)	5	9,970,489.
Part		ırn.	,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,916,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,916,208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
C	Add lines 4a and 4b	4c	166,557.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,082,765.
Part	XIII Supplemental Information.		
2; Par	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF AUDITED REVENUE TO FORM 990 REVENUE:

PASS-THROUGH INCOME FROM K-1'S \$664,724

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULEI (Form 990)

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

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

► Attach to Form 990. Go to www.irs.gov/Form990 for the latest inform
--

OMB No. 1545-0047	Open to Public
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Employer identification number Xes 75-0975500 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Name of the organization AMERICAN ASSOCIATION OF PROFESSIONAL General Information on Grants and Assistance Department of the Treasury Internal Revenue Service INC. LANDMEN, Part I

å

			2			5	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AAPL EDUCATIONAL FOUNDATION, INC.							
800 FOURNIER STREET FORT WORTH, TX 76102	23-7243157	501(C)(3)	100,000.				DISASTER RELIEF
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	government o	rganizations lis 1 table	ted in the line 1 tab	ale .			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 99	90.				Sch	Schedule I (Form 990) 2021

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Schedule I (Form 990) (2021)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_						
8						
က						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

THE ORGANIZATION MADE GRANTS TO ITS RELATED 501(C)(3) ORGANIZATION. DUE

TO THE NATURE OF THE RELATIONSHIP, THERE IS NO NEED TO MONITOR THE USE OF

GRANT FUNDS.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization LANDMEN, INC

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number 75-0975500

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Χ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Χ	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second confidence of the personal confidence			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Page 2

75-0975500

AMERICAN ASSOCIATION OF PROFESSIONAL

Schedule J (Form 990) 2021

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

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). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099	nd/or 1099-MISC and/or 1	9-MISC and/or 1099-NEC compensation	Pac tacomonito C (2)		Camillos de leter (5)	(E) Common discussion
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Notitedable benefits	(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
DR. GRETA P. ZEIMETZ,	ε	269,003.	50,000.	NONE	34,391.	28,530.	381,924.	
1 AAPL EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
AMANDA JOHNSON	ε	133,419.	20,873.	14,807.	19,573.	3,836.	192,508.	
2 CHIEF ACCOUNTING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
RUSSELL COHEN	ε	119,946.	12,000.	15,696.	16,163.	790.	164,595.	
3 DIRECTOR OF GOVERNMENT AFFAIRS	€	NONE	NONE	NONE	NONE	NONE	NONE	
LEANN CALLIHAN	ε	238,199.	35,000.	NONE	34,644.	43,798.	351,641.	
4 AAPL VICE PRESIDENT	€	NONE	NONE	NONE	NONE	NONE	NONE	
	ε							
2	€							
	Ξ							
9	€							
	ε							
7	€							
	ε							
8	(ii)							
	ε							
6	Œ							
	Ξ							
10	Œ							
	Ξ							
11	€							
	ε							
12	Œ							
	ε							
13	€							
	Ξ							
14	€							
	Ξ							
15	€							
	Ξ							
16	€							

Schedule J (Form 990) 2021

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Part | Supplemental Information

Schedule J (Form 990) 2021

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

SCHEDULE J, PART I, LINE 1A

AAPL HAS A POLICY TO REIMBURSE THE BOARD PRESIDENT AND IN CERTAIN

CIRCUMSTANCES THE PRESIDENT'S SPOUSE FOR TRAVEL. AAPL ISSUES A 1099 IN

THE PRESIDENT'S NAME FOR THE AMOUNT REIMBURSED FOR TRAVEL FOR THE

PRESIDENT'S SPOUSE.

1E1505 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

75-0975500

AMERICAN ASSOCIATION OF PROFESSIONAL

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS:

ALL NEW APPLICANTS FOR ACTIVE MEMBER STATUS ON OR AFTER JUNE 1, 1993, SHALL BE REQUIRED TO MEET THE FOLLOWING MINIMUM OBJECTIVE STANDARDS:

I. PRACTICING LAND PROFESSIONAL. THE APPLICANT SHALL BE A LAND PROFESSIONAL WITH A 4-YEAR COLLEGE DEGREE OR FOUR OR MORE YEARS OF CONTINUOUS ENGAGEMENT AS A LAND PROFESSIONAL.

II. SPONSORSHIP. THE APPLICATION MUST BE SPONSORED BY ONE ACTIVE MEMBER OF AAPL.

III. EMPLOYMENT CLASSIFICATION. THE APPLICANT SHALL BE CLASSIFIED EITHER
AS AN EXEMPT EMPLOYEE BY THE APPLICANT'S EMPLOYER OR AS AN INDEPENDENT
CONTRACTOR.

IV. ETHICAL CONDUCT AND STANDARDS OF PRACTICE. THE APPLICANT MUST EXECUTE SUCH DOCUMENTATION AS AAPL MAY REQUIRE AFFIRMING THE APPLICANT'S WILLINGNESS TO BE BOUND BY AND ABIDE WITHIN THE AAPL CODE OF ETHICS AND STANDARDS OF PRACTICE.

THREE NON-VOTING MEMBERSHIPS ARE ALSO AVAILABLE:

ASSOCIATE MEMBER, STUDENT MEMBER, AND HONORARY MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A

POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY:

ONLY ACTIVE MEMBERS MAY VOTE IN THE AFFAIRS OF THE AAPL, SPONSOR

MEMBERSHIP APPLICATIONS, OR SERVE AS A DIRECTOR OF THE AAPL. THE ELECTION

OF OFFICERS SHALL BE BY BALLOT OF THE VOTING MEMBERS. RECORDS ARE

MAINTAINED AT THE HEADQUARTERS TO DETERMINE THE VOTING ELIGIBILITY OF ANY

MEMBER. EACH ACTIVE MEMBER OF THE AAPL SHALL BE ENTITLED TO ONE VOTE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

FORM 990, PART VI, SECTION A, LINE 7B

GOVERNING DECISIONS BY PERSONS OTHER THAN THE GOVERNING BODY:

THE ELECTION OF OFFICERS SHALL BE BY BALLOT OF THE VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS:

A COPY OF IRS FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN FOR REVIEW PRIOR TO SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM ALL NEW DIRECTORS AND COMMITTEE CHAIRMAN AT ORIENTATION AND ALL NEW AAPL AND NAPE EMPLOYEES UPON HIRING. SHOULD A CONFLICT BE FOUND TO EXIST, THE CONFLICTED MEMBER WILL EXCUSE THEMSELVES FROM ALL DISCUSSIONS RELATED TO THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A

COMPENSATION REVIEW:

THE FOLLOWING METHODS ARE USED TO ESTABLISH COMPENSATION OF MANAGEMENT:

FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT AND

COMPENSATION SURVEY OR STUDY. PERFORMANCE AND PAY FOR THE EXECUTIVE VICE

PRESIDENT ARE REVIEWED ANNUALLY BY THE AAPL FINANCE COMMITTEE AND

REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS

IN JUNE.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, THE AAPL BYLAWS,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

STANDARDS OF PRACTICE AND THE AAPL CERTIFICATION PROGRAM, ARE PUBLISHED ANNUALLY IN THE LANDMAN'S DIRECTORY. THE DIRECTORY IS MAILED AND AVAILABLE ONLINE TO ALL PAID MEMBERS. AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO ALL MEMBERS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 16B

JOINT VENTURE ARRANGEMENT SAFEGAURDS:

NAPE EXPO LP IS AN ARRANGEMENT THAT IS SIMILAR TO A JOINT VENTURE. NAPE'S ONLY ACTIVITIES ARE TRADE SHOWS WHICH IS AN EXEMPT ACTIVITY UNDER IRC SECTION 513. ALL PARTNERS IN NAPE EXPO LP ARE TAX EXEMPT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION REVIEW:

PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE VICE-PRESIDENT IN JUNE OF EACH YEAR FOR OTHER KEY EMPLOYEES.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

PASS-THROUGH INCOME FROM K-1'S \$(664,724)

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF PROFESSIONAL	75-0975500

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIGITAL 3 PRINTING 2730 N. STEMMONS FWY. STE. 740W DALLAS, TX 75207	PRINTING	397,816.
LUTHER KING CAPITAL MANAGEMENT 301 COMMERCE STREET, SUITE 1600 FORT WORTH, TX 76102	INVESTMENT SERVICES	158,580.
PERSONIFY, INC PO BOX 735327 DALLAS, TX 75373	SOFTWARE ENHANCEMENT	142,833.

SCHEDULE R (Form 990)

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.

AMERICAN ASSOCIATION OF PROFESSIONAL

Name of the organization Department of the Treasury Internal Revenue Service

LANDMEN, INC.

Part I

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

OMB No. 1545-0047 Open to Public 2021

Employer identification number 75-0975500

(f)
Direct controlling
entity AAPL 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. 12,085. (e) End-of-year assets 16,969. (d) Total income (c)
Legal domicile (state
or foreign country) $_{\rm IX}$ (b) Primary activity TRADE SHOWS 20-4920726 TX 76102 (a) Name, address, and EIN (if applicable) of disregarded entity FORT WORTH, (1) NAPE MANAGEMENT, LLC 800 FOURNIER STREET Part II 3 4 9 3 9

) -	•						
Name, address, and	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
							Yes	No
(1) AAPL EDUCATIONAL FOUNDATION, INC.	INC. 23-7243157							
800 FOURNIER STREET	FORT WORTH, TX 76102	EDUCATION	TX	501(C)(3)	12A, TYPE 1	AAPL	×	
(2) LANDMAN SCHOLARSHIP TRUST	23-7122144							
800 FOURNIER STREET	FORT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	12A, TYPE 1	AAPL	×	
(3) NAPE EXPO CHARITIES FUND	81-3695208							
800 FOURNIER STREET	FORT WORTH, TX 76102	GRANTS	TX	501(C)(3)	10	AAPL	×	
(4)								
(5)								
(9)								
(7)								

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

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Schedule R (Form 990) 2021

Part III

Schedule R (Form 990) 2021

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

Nar _	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			codillily)		200000000000000000000000000000000000000		•	Yes No		Yes No	
(1) NAPE E	(1) NAPE EXPO, LP 20-4920808										
800 FOURNIER	ER STREET FORT WORTH	TRADE SHOWS	XI	NONE	EXCLUDED FROM TAX	1,713,874.	1,220,608.	×	4,253.	×	50.5000
(2)											
(3)											
(4)											
(5)											
(9)											
(7)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ted Organizations	Taxable	e as a Corporat	ion or Trust. Comp	ete if the orgar	lization answer	ed "Ye	s" on Form 990	, Part I	٧,
	line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	d one or more rel	ated org	anizations treate	ed as a corporation	or trust during tl	ne tax year.				

Application Primary activity Legal of Country Primary activity Legal of Country Primary activity Legal of Country Primary activity Primary activity			-					
(state or foreign entity (C corp., S corp. or fuss) income country) C corp. S corp. or fuss) income country C corp. S corp. or fuss) income country C corp. S corp. or fuss) income	(a) Name address and FIN of related organization	(b) Primary activity	(c)	(d) Direct controlling	(e) Type of entity	(g) Share of	(h) Percentade	(i) Section
			(state or foreign country)	entity	(C corp, S corp, or trust)	end-of-year assets	ownership	512(b)(13 controlled entity?
(1) (2) (3) (4) (5) (6) (7)								Yes No
(2) (3) (4) (6) (6)	(1)							
(2) (3) (4) (4) (5) (6) (7)								
(3) (4) (5) (6) (7)	(2)							
(4) (5) (6) (7)								
(4) (5) (6) (7)	(3)							
(4) (5) (6) (7)								
(5) (6) (7)	(4)							
(5) (6) (6) (7)								
(6) (7)	(5)							
(6) (7)								
(2)	(9)							
	(7)							

JSA

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	of this schedule.				Yes No	ŝ
1 During the tax year, did the organization engage in any of the	the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations list	ed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	t from a controlled entity.			<u>1</u> a	×	
				2		
c Gift, grant, or capital contribution from related organization(s).	n(s).			10	×	
d Loans or loan quarantees to or for related organization(s)				19	_	×
e Loans or loan quarantees by related organization(s)				1e		×
				7		;
† Dividends from related organization(s)				= ,		< :
				61		× :
h Purchase of assets from related organization(s)				4 -		\times
i Exchange of assets with related organization(s)				Έ ;		\times
j Lease of facilities, equipment, or other assets to related organization(s),	rganization(s).			F	×	
k Lease of facilities. equipment. or other assets from related ord.	organization(s)					×
Performance of services or membership or fundraising solicit	olicitations for related organization(s)			=		\times
m Performance of services or membership or fundraising solicitations by related organization(s).	olicitations by related organization(s).			1m	_	\times
	ets with related organization(s)			<u>+</u>	×	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses.				1p	×	
 q Reimbursement paid by related organization(s) for expenses 	es			19	×	
r Other transfer of cash or property to related organization(s)				-		×
	n(s).			18		\times
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tions for information on who must complete thi	is line, including cover	red relationships and transa	action thresho	lds.	
(a) Name of related organization	ion	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	eterminin Ivolved	Ð
(1) NAPE EXPO, LP		A	105,196.	FMV		
(2) AAPL EDUCATIONAL FOUNDATION, INC		М	100,000.	FMV		
(3) AAPL EDUCATIONAL FOUNDATION, INC		٥	73,748.	FMV		
(5)						
(9)						
ASV			Sch	Schedule R (Form 990) 202	7 (066 u	202

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Schedule R (Form 990) 2021

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(i) General or managing partner?	or Percentage ng ownership
			sections 512 - 514) Ye	oN se			Yes No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
				+					1	
(15)										
(16)										
							-	Sche	dule R (F	Schedule R (Form 990) 2021

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

filing of this form, visit www.irs.gov/e-file-providers/e-file-f			ctions). For more de	etans on th	e electronic	
Automatic 6-Month Extension of Time. Only submi	it original	(no copies needed).				
All corporations required to file an income tax return oth must use Form 7004 to request an extension of time to fil		•	C filers), partnership	os, REMIC	s, and trusts	
Type or print Name of exempt organization or other filer, see in AMERICAN ASSOCIATION OF PROFE		Ta	xpayer identification nu	ımber (TIN)		
LANDMEN, INC. Number, street, and room or suite no. If a P.O. box	x. see instru	ctions.	75-0975500	0		
due date for filing your return. See 800 FOURNIER STREET City, town or post office, state, and ZIP code. For						
FORT WORTH, TX 76102					_ 0 1	
Enter the Return Code for the return that this application	,		ach return)		-	
Application Is For	Return Code	Application Is For			Return Code	
Form 990 or Form 990-EZ	01	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than in	dividual)		09	
Form 990-PF 04 Form 5227 10						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11						
Form 990-T (trust other than above) 06 Form 8870 12						
Form 990-T (corporation)	07					
800 FOURNIER STE Telephone No. ► 817 847-7700 If the organization does not have an office or place of the light of the whole group, check this box	lbusiness in ur digit Gro	up Exemption Number (GE	N)	If t	his is	
1 I request an automatic 6-month extension of time ur			_, to file the exempt	t organizat	ion return	
for the organization named above. The extension is calendar year 20 or x tax year beginning 07/ If the tax year entered in line 1 is for less than 12 m Change in accounting period	<u>01</u> , 20 21	, and ending				
3a If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or	6069, enter the tentati	ve tax, less any	3a \$	NONE	
b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior yea	r overpayn	nent allowed as a credit.		3b \$	NONE	
c Balance due. Subtract line 3b from line 3a. In- using EFTPS (Electronic Federal Tax Payment System	-	• •	ı, ır requirea, by	3c \$	NONE	
Caution: If you are going to make an electronic funds withdrawainstructions.	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Fo	orm 8879-TE	for payment	
For Privacy Act and Panorwork Poduction Act Notice see instr	uctions			Form 8868	(Pay 1-2022)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)