

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

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.

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.

Written Requests

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.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet 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.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

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

BKD TAX506 9-11

Public Disclosure Rules

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. FORM 990 TAX YEAR 2018





777 Main Street, Suite 2000 | Fort Worth, TX 76102-5332 | 817.332.2301

American Association of Professional Landmen, Inc. 800 Fournier Street Fort Worth, TX 76102

Enclosed are the following income tax returns prepared on behalf of American Association of Professional for the year ended June 30, 2019.

2018 990-T - Exempt Organization Business Income Tax Return 2018 990 - Return of Organization Exempt from Income Tax 2018 8879-EO - IRS E-file Signature Authorization Form

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

A tax-exempt organization is required to provide **copies** of Form 990 if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990 "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990 to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990 in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990 the organization can disclose the internet address from which he/she can print a copy of the Form 990.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with

accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Kevin Ensminger Kevin Ensminger

BKD, LLP





777 Main Street, Suite 2000 | Fort Worth, TX 76102-5332 | 817.332.2301

American Association of Professional
Landmen, Inc.
Instructions for Filing
Form 990-T

990-T - Exempt Organization Business Income Tax Return
For the year ended June 30, 2019

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by July 15, 2020 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$15,368 overpayment. Of this amount, \$15,368 will be refunded to you.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.





777 Main Street, Suite 2000 | Fort Worth, TX 76102-5332 | 817.332.2301

American Association of Professional
Landmen, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP 777 Main Street, Suite 2000 Fort Worth, TX 76102

Fax 817.338.4608 Attn: FWO Efile

efileFortWorth@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before July 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

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For calendar year 2018, or fiscal year beginning 07/01

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OMB No. 1545-1878

Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number AMERICAN ASSOCIATION OF PROFESSIONAL 75-0975500 Name and title of officer GRETA ZEIMETZ, EXECUTIVE VP OF AAPL Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b **b** Balance Due (Form 8868, line 3c) 5b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize BKD, LLP to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5 3 8 0 4 4 0 1 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2018)

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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form 990 (2018) Page 2 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 PROMOTE THE HIGHEST STANDARDS OF PERFORMANCE FOR ALL LAND PROFESSIONALS, TO ADVANCE THEIR STATURE, AND TO ENCOURAGE SOUND AND ETHICAL STEWARDSHIP OF ENERGY AND MINERAL RESOURCES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ AAPL IS AN ORGANIZATION REPRESENTING MEN AND WOMEN ENGAGED IN LAND MATTERS. ITS PURPOSES ARE CARRIED OUT BY A MONTHLY MAGAZINE/JOURNAL WITH A DISTRIBUTION OF APPROXIMATELY 16,400 COPIES; IN EXCESS OF 90 EDUCATIONAL EVENTS, QUARTERLY BOARD MEETINGS AND AN ANNUAL MEETING/CONFERENCE. AAPL HAS APPROXIMATELY 16,400 MEMBERS. **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶

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Form 990 (2018) Page **3**

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III , 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Х	
04-	employees? If "Yes," complete Schedule J	23	Λ	
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		X
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
D	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X	
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	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251	v	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	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 in 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	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		
	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?	7c		
	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
- •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 49			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 49			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.5
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>.)</i> Yes	No
		40-	162	X
10a	Did the organization have local chapters, branches, or affiliates?	10a		Δ.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe in Schedule O how this was done	13		Х
13 14	Did the organization have a written whistleblower policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		

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

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

Light Check this box if neither the organization nor any related organization compensated any current officer, director, or trusted	e.
---	----

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson	e than c is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DAVID W. MILLER	2.00									
IMMEDIATE PAST PRESIDENT	0.	Х		Х				0.	0.	0
(2)BLAINE E. GAMBLE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(3)CHRISTIN L. FABER	1.00									
DIRECTOR	0.	Х						0.	0.	0
(4)DAN KOSTRUB	1.00									
DIRECTOR	0.	Х						0.	0.	0
(5)DAVID W. POTTS	1.00									
DIRECTOR	0.	Х						0.	0.	0
(6)DUSTIN E. HAMLETT	1.00									
DIRECTOR	0.	Х						0.	0.	0
(7)JAMES 'JIM' DEVLIN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(8)JAY A. RITTER	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)JERRY D. PADILLA	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10)JOHN C. KROGMANN JR.	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11)JOHN R. LEE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)JUSTIN C. RAMMELL	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13)KEVIN HALBERT	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14)KYLE REYNOLDS	1.00									
DIRECTOR	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than of is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) NIKKI SITCH	1.00									
DIRECTOR	0.	X						0.	0.	0.
16) PATRICK L. SPINDLER	1.00									
DIRECTOR	0.	X						0.	0.	0.
17) STEVE N. RAPANOS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
18) TERRY P. CAVES	1.00									
DIRECTOR	0.	Х						0.	0.	0.
19) WILLIAM 'BILL' HACKETT	1.00									
DIRECTOR	0.	Х						0.	0.	0.
20) MICHEL E. CURRY	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
21) PAUL WOOD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
22) RICHARD A. HINES	1.00									
DIRECTOR	0.	Х						0.	0.	0.
23) AARON R. YOST	2.00									
3RD VICE PRESIDENT	3.00	Х		Х				0.	0.	0.
24) HUBERT F. GREEN III	1.00									
DIRECTOR	0.	Х						0.	0.	0.
25) NICK C. MCCLELLAND	1.00									
DIRECTOR	0.	Х						0.	0.	0.
1b Sub-total							_	0.	0.	0.
c Total from continuation sheets to Part VII. S			• •	• •	• •		•	915,720.	0.	143,706.
d Total (add lines 1b and 1c)	_						•	915,720.	0.	143,706.
2 Total number of individuals (including but not							o re	ceived more than	\$100.000 of	
reportable compensation from the organizatio						-,			* ,	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										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	s, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										

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.

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 5

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Part VII Section A. Officers, Directors,	Trusiees, Ne	у ⊑п	ipio	yee	2 S,	and H	ııgı	nest Compensat	ea Employees (a	ontinue	ea)	
(A)	(B)			(C	()			(D)		(F)		
Name and title	Average hours per week (list any hours for related organizations	box, office	not ch unles er and	s pe	more rson irect	e than or is both a or/truste employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo ot compe fron organ	stimated nount of other pensation om the anization	of ion on
	below dotted line)	Individual trustee or director	Institutional trustee		ηployee	Highest compensated employee	,				d relate anizatio	
26) MICHAEL A. DEWALD	1.00											
DIRECTOR	0.	X						0.	0.			(
7) NICK WATKINS	1.00											
DIRECTOR	0.	X						0.	0.			(
8) DANNY M. KIDWELL	1.00											
DIRECTOR	0.	X						0.	0.			(
9) RYAN C. BENSING	1.00											
DIRECTOR	0.	X						0.	0.			(
0) EMILY G. BEARD	1.00											
DIRECTOR	0.	X						0.	0.			
1) MICHAEL A. PISCIOTTE	2.00											
TREASURER	2.00	X		Х				0.	0.			
2) LARRY BUZAN	1.00											
DIRECTOR	0.	X						0.	0.			(
3) CRANFORD D. NEWELL, JR.	2.00											
2ND VICE PRESIDENT	3.00	X		Х				0.	0.			
4) ADAM ROBINSON	1.00											
DIRECTOR	0.	X						0.	0.			
5) ALAN MORGAN	1.00											
DIRECTOR	0.	X						0.	0.			(
6) CHARLES WALTON JR.	2.00											
SECRETARY	0.	X		Х				0.	0.			(
1b Sub-total							▶					
c Total from continuation sheets to Part V	II, Section A						▶					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but				d at	oove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	ation >	5)									
											Yes	N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sci.										3		2
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,00	00?	lf	"Yes,	." (complete Schedu	le J for such	4	Х	
										7		
for services rendered to the organization?										5		Σ
Section B. Independent Contractors												
1 Complete this table for your five highest of												

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 ▶

Part VII Section A. Officers, Directors,	Trustees, Ke	y Em	ıplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continue) <u>(d)</u>	
(A)	(B)			(C	()			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box, office	unles er and	ss pe	more rson irect	e than o is both tor/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com fro	timated nount of other pensation om the	f on
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		and	anizatio d related anization	b
37) CHRISTA DOTSON	1.00											
DIRECTOR	0.	Х						0.	0.			(
8) CLARK HOOD	1.00											
DIRECTOR	0.	Х						0.	0.			(
9) R. DIRK VANDERPLOEG II	1.00											
DIRECTOR	0.	X						0.	0.			(
0) DAVID CARPENTER	1.00											
DIRECTOR	0.	Х						0.	0.			(
1) JASON LYONS	1.00											
DIRECTOR	0.	Х						0.	0.			
2) JAY BEAVERS III	2.00											
1ST VICE PRESIDENT	0.	Х		Х				0.	0.			
3) RANDALL TAYLOR	1.00											
DIRECTOR	0.	Х						0.	0.			(
4) RIC BAJON	1.00											
DIRECTOR	0.	X						0.	0.			(
5) RYAN SCHNEIDER	1.00											
DIRECTOR	0.	X						0.	0.			(
6) SHELLY ALBRECHT	1.00											
DIRECTOR	0.	X						0.	0.			(
7) TRAVIS HILL	1.00											
DIRECTOR	0.	X						0.	0.			(
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VI	II, Section A						\triangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but i				d at	oove	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organiza	ation >	<u></u>	5									_
											Yes	N
B Did the organization list any former of employee on line 1a? If "Yes," complete Sci										3		Σ
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	Х	
										-		
for services rendered to the organization? I										5		Σ
Section B. Independent Contractors												
1 Complete this table for your five highest of												
compensation from the organization. Repo	ort compensation	on for	the	cal	enc	dar ye	ar e	ending with or with	nin the organizatio	n'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 ▶

(R)			IC	C)			(D)	(F)	/E	4)
Average hours per week (list any hours for related	box,	unles r and	Posineck ss pe	more rson lirect	is both a or/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amou oth comper from	nated int of ner nsation the
organizations below dotted line)	vidual trustee lirector	itutional trustee	cer	employee	nest compensated bloyee	ner	(W-2/1099-MISC)		organiz and re organiz	elated
1.00										
0.	X						0.	0.		
1.00										
0.	Х						0.	0.		
40.00										
4.00			Х				108,360.	0.	13	1,644
40.00										
4.00			Х				305,175.	0.	4 4	4,894
40.00										
0.				Х			236,838.	0.	61	1,219
40.00										
				Х			134,288.	0.	18	8,29
40.00										
0.					Х		131,059.	0.		7,659
										
ection A						▶				
limited to t	hose	liste				re	ceived more than	\$100,000 of		
									Υ.	es N
									3	2
eater than	\$15	0,0	00?	. If	"Yes,	." (complete Schedu	le J for such	4 2	X
									5	
· ·	hours per week (list any hours for related organizations below dotted line) 1.00 0. 1.00 40.00 40.00 40.00 5.00 40.00 0. 40.00 5.00 40.00 cettion A	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 1.00 40.00 40.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 5.00 40.00 6.	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 1.00 40.00 40.00 40.00 40.00 5.00 40.00 0. Similar trustee ection A limited to those listee in 5 ser, director, or trustee in sum of reportable of eater than \$150,0 accrue compensations of fice and single organizations of the content	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 1.00 0. X 40.00 40.00 40.00 5.00 40.00 0. S ection A Imited to those listed all n 5 ser, director, or truste ule J for such individual sum of reportable comeater than \$150,000? accrue compensation in a control of the compensation in the compen	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 40.00 4.00 3. X 40.00 5.00 3. X 40.00 0. X 40.00 0. X 40.00 5.00 X 40.00 7 Average hours per week (list any hours for related organizations below dotted line) Example 1.00 0. X 40.00 0. Implicit organization of the policy set of the polic	Average hours per week (list any hours for related organizations below dotted line) 1.00 2.00 4.00 4.00 40.00 5.00 40.00 5.00 X 40.00 5.00 X 40.00 6.00 7	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 1.00 0. X 1.00 1.00 0. X 1.00 1.00 0. X 1.00	Average hours per week (list any hours for related organizations below dotted line) 1.00 0. X 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Average hours per week (list any hours for related organizations below dotted and a director/fursitee) organization below dotted line) 1.00 0. X 1.00 0. X 1.00 1.00 0. X 1.00 1.

(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 ▶

Form **990** (2018)

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Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from ta under sections 512-514
nts	1a	Federated campaigns	. 1a					
<u>ا</u> و	b	Membership dues	. 1b					
٩		Fundraising events						
<u>=</u>	d	Related organizations	. 1d					
Sil	е	Government grants (contributions) .	. 1e					
and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	. 1f					
and	g h	Noncash contributions included in lines 1a			0.			
<u>a</u>	"	Total. Add lines 1a-1f		Business Code	0.			
5	2a	AAPL ANNUAL MEETING		900099	689,807.	689,807.		
2 4	za b	EDUCTIONAL SEMINAR		611710	798,957.	798,957.		
를	C	MEMBERSHIP DUES		900099	1,798,903.	1,798,903.		
<u>.</u>	d	CERTIFICATION FEES & DUES		900099	144,150.	144,150.		
<u> </u>	e	RENTAL INCOME FROM AFFILIATE		900099	96,269.	96,269.		
Program Service Revenue	f	All other program service revenue						
=	g	Total. Add lines 2a-2f		▶	3,528,086.			
;	3	Investment income (including	dividen	ds, interest,				
		and other similar amounts)			540,588.			540,58
	4	Income from investment of tax-exen	•	•	0.			
	5	Royalties			109,400.			109,40
		(1)	Real	(ii) Personal				
'	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss) (i) Se	curities	(ii) Other	0.			
	7a	Gross amount from sales of	340,620.	(ii) Strict				
			540,620.					
	b	Less: cost or other basis	307,810.	33,407.				
		and sales expenses	532,810.	-33,407.				
	c d	Gain or (loss)			1,499,403.			1,499,40
		• , ,			2,222,200			
월 '	8a	events (not including \$						
e e		of contributions reported on line 1c).						
<u> </u>		See Part IV, line 18		0.				
Otner Kevenue	b	Less: direct expenses		0.				
١		Net income or (loss) from fundraising		▶	0.			
,	9a	Gross income from gaming activities See Part IV, line 19		0.				
	b	Less: direct expenses		0.				
		Net income or (loss) from gaming a			0.			
10	0a		SS	0.				
	b	Less: cost of goods sold		0.				
		Net income or (loss) from sales of inv			0.			
		Miscellaneous Revenue		Business Code				
1.	1a	ADVERTISING/CIRCULATION		900003	259,152.		259,152.	
	b	PARTNERSHIP INC - NAPE EXPO		511120	2,902,383.			2,902,38
	С	NAPE EXPO FEE		900099	813,771.			813,77
		All 41			35,539.	6,803.		28,73
	d	All other revenue						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	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	14,925.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	992,023.			
_					
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,394,119.			
	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions	213,992.			
9		290,657.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
	Management	113,815.			
	Legal	16,321.			
	Accounting	39,937.			
	Lobbying	4,775.			
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	502,419.			
12	Advertising and promotion	141,277.			
	Office expenses	232,504.			
14	Information technology	233,997.			
15	Royalties	0.			
16	Occupancy	306,450.			
17	Travel	73,591.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	384,139.			
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	263,561.			
	Insurance	57,880.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	542,803.			
_	ANNUAL MEETING & REPORT	440,028.			
	LANDMAN JOURNAL & DIRECTORY	31,909.			
_	UNRELATED BUSINESS TAX EDUCATION SEMINARS	579,090.			
_		144,042.			
	All other expenses Add lines 1 through 34s	7,014,254.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	7,014,234.			
-•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
	-	J • I		i l	

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Part X **Balance Sheet**

		Check if Schedule O contains a response o	r note	e to any line in this P	art X		
				-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			896,993.	1	1,120,170.
	2	Savings and temporary cash investments			3,511,162.	2	3,580,974.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net		[5,389.	4	38,993.
	5	Loans and other receivables from current and to	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
ro.		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
Ass	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			86,897.	9	85,832.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			4,974,415.	10c	5,033,353.
	11	Investments - publicly traded securities			26,919,197.	11	30,044,461.
	12	Investments - other securities. See Part IV, line 11			510.	12	510.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			99,690.	14	247,625.
	15	Other assets. See Part IV, line 11			3,292.	15	7,112.
	16	Total assets. Add lines 1 through 15 (must equal			36,497,545.	16	40,159,030.
	17	Accounts payable and accrued expenses			716,375.	17	1,241,192.
	18	Grants payable			0. 1,771,871.	18	0.
	19	Deferred revenue			1,//1,8/1.	19	1,878,951.
	20	Tax-exempt bond liabilities			0.	20	0.
	21 22	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
iii		disqualified persons. Complete Part II of Schedule			0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lines					
		of Schedule D		,	0.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,488,246.	26	3,120,143.
		Organizations that follow SFAS 117 (ASC 958),					
Fund Balances		complete lines 27 through 29, and lines 33 and					
and	27	Unrestricted net assets			33,997,599.	27	37,038,887.
Bal	28	l emporarily restricted net assets			11,700.	28	0.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			34,009,299.	33	37,038,887.
	34	Total liabilities and net assets/fund balances	<u> </u>		36,497,545.	34	40,159,030.
							Form 990 (2018)

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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			88,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			74,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	4,0	09,2	99.
5	Net unrealized gains (losses) on investments	5		2	96,2	245.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			59,2	275.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	7,0	38,8	87.
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," e	xplain	in			
	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 cor	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	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	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	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 in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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.

Open to Public Inspection

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 that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number 75-0975500 LANDMEN, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)........... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955..... ▶ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? X No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. 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 or 990-EZ) 2018

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Part II-A Complete if the section 501(h)).		on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	
		•	affiliated group (and excess lobbying expe		ich affiliated group mem	ber's name,
B Check ▶ if the filing org	anization ch	ecked box /	A and "limited contro	ol" provisions app	ly.	
	nits on Lobb		ditures nts paid or incurred.	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures				-	organization s totals	group totals
b Total lobbying expenditures						
c Total lobbying expenditures		_				
d Other exempt purpose expe	•			_		
e Total exempt purpose expe						
f Lobbying nontaxable amou	,		,			
columns.	ב	o amount	arom the renewing	table in both		
If the amount on line 1e, colum	nn (a) or (b) is:	The lobbying	ng nontaxable amount	is:		
Not over \$500,000	(-) (-)		amount on line 1e.			
Over \$500,000 but not over \$1	,000,000		us 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$			us 10% of the excess			
Over \$1,500,000 but not over \$			us 5% of the excess of			
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable amo	ount (enter 25	% of line 1f)			
h Subtract line 1g from line 1a	a. If zero or le	ess, enter -0		[
i Subtract line 1f from line 1c	. If zero or le	ss, enter -0-				
j If there is an amount othe	r than zero	on either l	ine 1h or line 1i, o	did the organizat	ion file Form 4720	
reporting section 4911 tax f	for this year?					Yes No
	4	4-Year Aver	aging Period Unde	r Section 501(h)		
(Some organizations	that made a	section 50	1(h) election do no	t have to comple	ete all of the five colun	nns below.
	See	the separa	te instructions for I	ines 2a through	2f.)	
	Lobk	ying Expe	nditures During 4-Y	ear Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditure	es					

Schedule C (Form 990 or 990-EZ) 2018

Page 3 Schedule C (Form 990 or 990-EZ) 2018

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)
	cription of the lobbying activity.	Yes	No		Amo	unt
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(a)(5)	or s	ootio	<u></u>	
ıa	501(c)(6).	(८)(၁)	, UI 5	ectio	11	
						Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro					X
га	t 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."				A, line	
1	Dues, assessments and similar amounts from members			1	1,	798,903
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).			2a		4,775
a	Current year			2b		
b	Carryover from last year			2c		4,775
с 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 to					
	and political expenditure next year?	•	_	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		4,775
Prov	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated the instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	up list); Part	: II-A, li	nes 1 and

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number LANDMEN, INC. 75-0975500 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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 financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X....

Schedule D (Form 990) 2018

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	uule D (Foilii 990) 2016								Page Z
Pa	rt Organizations Maintaini								
3	Using the organization's acquisition	on, accession, and	other reco	rds, checl	k any of the	e following that	t are a sigr	nificant us	se of its
	collection items (check all that app	ly):	_	_					
а	Public exhibition		d _	Loan	or exchange	programs			
b	Scholarly research		е	Other					
С	Preservation for future gene								
4	Provide a description of the organ	nization's collection	ns and expl	ain how t	hey further	the organization	on's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization						_	_	
	assets to be sold to raise funds rath		ntained as pa	art of the o	organization	's collection?		Yes	No_
Pa	rt IV Escrow and Custodial A		–			_	·		
	Complete if the organiza	ition answered "\	res" on For	m 990, F	art IV, line	9, or reported	an amour	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste							¬ ,,	
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	ollowing tak	ole:	I	•		
	B				_		Amount		
С.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f O-	Ending balance		Don't V line		1f		Eal-Start	Vaa	l Na
	Did the organization include an am			•			,	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xpianation	nas been p	rovided on Part .	XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "\	√oc" on Fo	m 000 E	Part IV/ line	. 10			
	Complete il the organiza	(a) Current year	(b) Pric		(c) Two yea		e years back	(e) Four ye	oore book
		(a) Current year	(0) FII	Ji yeai	(c) Two yea	(a) Tille	e years back	(e) Four ye	ears back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage			e (line 1g,	column (a))	held as:			
a	Board designated or quasi-endown Permanent endowment ▶	%	%						
D	Temporarily restricted endowment		/						
C	The percentages on lines 2a, 2b, a								
3 2	Are there endowment funds not in	-		ation that	are held an	d administered t	for the		
Ja	organization by:	the possession of	the organiza	ation that	are neid an	a administered	or trie	Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	· ·	•						
	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize	ation answered "							
	Description of property		or other basis estment)		or other basis ther)	(c) Accumulated depreciation	(0	l) Book value	е
1a	Land	,			392,051.	шортоскиот		1,392	2,051.
b	Buildings				775,514.	419,52	0.		5,994.
c	Leasehold improvements				47,445.	6,06			1,382.
d	Equipment.			2	227,839.	63,19			4,649.
e	Other				26,548.	1,047,27			9,277.
	II. Add lines 1a through 1e. (Column		rm 990, Pan				>		3,353.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Page 3

Complete if the organization answer	red "Yes" on Form 990), Part IV, line 11b. See Form 990, Part 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
		O, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)		
_ (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.		
	red "Yes" on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 15.
(a)	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 15.)	<u></u> ▶
Part X Other Liabilities. Complete if the organization answer line 25.	red "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	ue
(1) Federal income taxes		
(2)		
(3)		
(3) (4)		
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5) (6) (7)		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 99
2699NU A87C 6/8/2020 11:34:54 AM V 18-8.6F 1178986 PA

Schedule D (Form 990) 2018 Page **4**

e Add lines za through zu	,746.
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 Subtract line 2e from line 1. Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
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 Subtract line 2e from line 1. Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
b Donated services and use of facilities	
c Recoveries of prior year grants. 2c d Other (Describe in Part XIII.) 2d 165,599. e Add lines 2a through 2d 2e 461 3 Subtract line 2e from line 1. 3 9,559 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 113,015	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	,844.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,902.
. 112 015	
a investment expenses not included on Form 330. Fait viii, line /b	
14.605	
D Other (Describe III at Alii.)	,420.
C Add iiiles ta aild to a can	,322.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	,158.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
d Other (Bederibe in Late Ain.)	,324.
C Add iiiles Za tiiilegii Zu	,834.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
40 113 815 1	
a investment expenses not included on Form 350, Fart VIII, line 75	
b Other (Describe in Latt All.)	,420.
C Add iiiles ta aild to a can	,254.
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5	line

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Page 5

Part XIII Supplemental Information (continued)

FORM 990, PART XI, LINE 2D

BOOK/TAX ADJUSTMENT IN PARTNERSHIP INVESTMENT \$165,599

AMERICAN ASSOCIATION OF PROFESSIONAL

FORM 990, PART XII, LINE 2D

BOOK/TAX ADJUSTMENT IN PARTNERSHIP INVESTMENT \$106,324

FORM 990, PART XI, LINE 4B

EDUCATION DISCOUNTS \$ 14,605

FORM 990, PART XII, LINE 4B

EDUCATION DISCOUNTS \$ 14,605

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

AMERICAN ASSOCIATION OF PROFESSIONAL

LANDMEN, INC.

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 Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees 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		37	
2	explain	1b	X	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Written employment contract Compensation survey or study X Approval by the board or compensation committee		21	
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		
6	If "Yes" on line 5a or 5b, describe in Part III. 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) 2018

AMERICAN ASSOCIATION OF PROFESSIONAL 75-0975500

Schedule J (Form 990) 2018 Page 2

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			in column (B) reported as deferred on prior Form 990
MELANIE BELL	(i)	273,101.	25,000.	7,074.	24,643.	20,251.	350,069.	
1 ^{EXEC. VP OF AAPL}	(ii)	0.	0.	0.	0.	0.	0.	
LE'ANN CALLIHAN	(i)	219,179.	15,750.	1,909.	21,484.	39,735.	298,057.	
2DIRECTOR OF COMMUNICATIONS & N	(ii)	0.	0.	0.	0.	0.	0.	
STACEY GARVIN	(i)	130,089.	2,300.	1,899.	6,618.	11,672.	152,578.	
3DIRECTOR OF EDUCATION AND MEMB	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

AMERICAN ASSOCIATION OF PROFESSIONAL 75-0975500

Schedule J (Form 990) 2018

Part | Supplemental Information

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 PRESIDENT AND IN CERTAIN CIRCUMSTANCES

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

NAME FOR THE AMOUNT REIMBURSED.

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

2018

Open to Public Inspection

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 LANDMEN, INC.

AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number 75-0975500

FORM 990, PART VI, SECTION A, LINE 6

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

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.

Name of the organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number
LANDMEN, INC. 75-0975500

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

SUBMITTING IT TO THE IRS.

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

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

A COPY OF IRS FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN FOR REVIEW PRIOR TO

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

CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM ALL NEW DIRECTORS

AND COMMITTEE CHAIRMAN AT ORIENTATION AND ALL NEW AAPL AND NAPE

EMPLOYEES.

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

PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE

AND APPROVED IN JUNE. SALARY SURVEYS AND REVIEW OF PUBLIC 990S FOR

NON-PROFIT ASSOCIATIONS ARE USED FOR COMPARISON. RECORDS ARE KEPT OF

THE PROCESS AND RESULTS.

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

PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE

VICE-PRESIDENT IN JUNE OF EACH YEAR FOR OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, THE AAPL BYLAWS, STANDARDS OF PRACTICE AND THE

AAPL CERTIFICATION PROGRAM, ARE PUBLISHED ANNUALLY IN THE LANDMAN'S

DIRECTORY. THE DIRECTORY IS MAILED TO ALL PAID MEMBERS. AUDITED

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number

LANDMEN, INC. 75-0975500

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 ACTIVITES 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 XI, LINE 9

CHANGES IN NET ASSETS:

BOOK/TAX ADJUSTMENT ON PARTNERSHIP INVESTMENTS

59,275

FORM 990, PART VI, SECTION A, LINE 4

DURING THE YEAR, THE BYLAWS WERE AMENDED TO NO LONGER REQUIRE APPLICANTS

FOR MEMBERSHIP TO BE SPONSORED BY AN EXISTING MEMBER.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIGITAL 3 PRINTING 2730 N STEMMONS FRWY STE. 740 TOWER WEST DALLAS, TX 75207	PRINTING	409,266.
PERSONIFY, INC. PO BOX 759470 BALTIMORE, MD 21275-9470	SOFTWARE ENHANCEMENT	153,373.
SEEK CIO 105 SUNRISE DRIVE COPPELL, TX 75019	PERSONIFY SUPPORT	119,938.
MASON BARONET, INC. 750 N. ST. PAUL STREET, STE. 200 DALLAS, TX 75201	WEBSITE REDESIGN	118,283.
RED PRODUCTIONS	VIDEO PRODUCTION	153,393.

Schedule O (Form 990 or 990-EZ) 2018 Page 2

AMERICAN ASSOCIATION OF PROFESSIONAL Name of the organization Employer identification number 75-0975500 LANDMEN, INC. ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

329 S. MAIN STREET #101 FORT WORTH, TX 76104

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.

Open to Public Employer identification number

Name of the organization LANDMEN, INC.

Part I

Department of the Treasury

Internal Revenue Service

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

OMB No. 1545-0047

Inspection

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

	(a) (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) NAPE MANAGEMENT, LLC		20-4920726					
800 FOURNIER STREET	FORT WORTH, T	x 76102	TRADE SHOWS	TX	28,797.	201.	AAPL
(2)							
(3)							
(4)							
(5)							
(6)							

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled	
							Yes	No
(1) AAPL EDUCATION FOUNDATION, INC.	23-7243157							
800 FOURNIER STREET	FORT WORTH, TX 76102	EDUCATIONAL	TX	501(C)(3)	12A, TYPE 1	AAPL	X	l
(2) LANDMAN SCHOLARSHIP TRUST	23-7122144							
800 FOURNIER STREET	FORT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	12A, TYPE 1	AAPL	X	
(3) NAPE CHARITIES FUND	45-3791212							
800 FOURNIER STREET	FORT WORTH, TX 76102	GRANTS	TX	501(C)(3)	PF	AAPL	X	
(4) NAPE EXPO CHARITIES FUND	81-3695208							
800 FOURNIER STREET	FORT WORTH, TX 76102	GRANTS	TX	501(C)(3)	10	AAPL	X	
(5)								
								İ
(6)								
·	·							İ
(7)								

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

Schedule R (Form 990) 2018

JSA 8E1307 1.000 Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		n) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or laging tner?	(k) Percentage ownership
		, ,		,			Yes	No		Yes	No	
(1) NAPE EXPO, LP 20-4920808												
800 FOURNIER STREET FORT WORTH	TRADE SHOWS	TX	NONE	EXCLUDED FROM TAX	2,908,558.	20,253.		х		х		51.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	controlled entity?
<u>(1)</u>								Yes No
(2)								
(3) (4)								
(5)								
(6)								
(7)								

Schedule R (I	Form 990) 2018	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related or	ganizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		X
b	Gift, grant, or capital contribution to related organization(s)			1b		X
	Gift, grant, or capital contribution from related organization(s)				X	
	Loans or loan guarantees to or for related organization(s)					X
е	Loans or loan guarantees by related organization(s)			1e		X
f	Dividends from related organization(s)			1f		X
g	Sale of assets to related organization(s)			1g		X
h	Purchase of assets from related organization(s).			1h		X
i	Exchange of assets with related organization(s)					X
j	Lease of facilities, equipment, or other assets to related organization(s)			1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)					X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			<u>11</u>	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	_	
	Sharing of paid employees with related organization(s)				X	
р	Reimbursement paid to related organization(s) for expenses			1p		
q	Reimbursement paid by related organization(s) for expenses			1q	X	
	Other transfer of cash or property to related organization(s)					X
s	Other transfer of cash or property from related organization(s)		<u> </u>	. 1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding cove	ered relationships and transaction the	resholo	ls.	
	(a) Name of related organization Tra	(b) ansaction	(c) Amount involved Meth	(d) od of det	ormini	na
		pe (a-s)	l l	ount in		iig
(1)						
(2)						

(3) (4) (5)

(6)

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 4

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

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging	(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
_												
	Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded	(state or foreign income (related, country) unrelated, excluded from tax under organiz	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations? section total income end-of-year assets	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations? income (related, unrelated, excluded from tax under organizations? income (related, section total income end-of-year assets allocations? assets of Schedule K-1 (Form 1065)	(state or foreign country) income (related, unrelated, excluded from tax under or manual control or ma	(state or foreign country) income (related, unrelated, excluded from tax under form tax under country) income (related, excluded from tax under country) income (related, excluded from tax under country) income (related, excluded from total income end-of-year allocations? assets allocations? assets country) income (related, unrelated, excluded from tax under country) income (related, excluded from total income end-of-year allocations? assets country) income (related, excluded from total income end-of-year allocations? country) income (related, excluded from tax under end-of-year allocations? country) income (related, excluded from tax under end-of-year allocations? country) income end-of-year allocations? country income end-of-year allocations end-of-year allocations end-of-year allocations end-of-year allocations end-of-year allocatio

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **2220**

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

lame	AMERICAN	ASSOCIATION OF	PROFESSIONAL	Employer identification number
	LANDMEN,	INC.		75-0975500

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

00, 011	the estimated tax penalty line of the corpora	lions	s income tax return, but do not	allacii Fuiii 2220	-	
Par	t Required Annual Payment					
1	Total tax (see instructions)				1	
2a	Personal holding company tax (Schedule PH (For		<i>'</i> '	2a		
b	Look-back interest included on line 1 under sec		. , , ,			
	contracts or section 167(g) for depreciation under	the ir	come forecast method	2b		
С	Credit for federal tax paid on fuels (see instru	ıctio	ne)	2c		
d	Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is					
Ū	does not owe the penalty		•			
4	Enter the tax shown on the corporation's 20					
	the tax year was for less than 12 months,					
5	Required annual payment. Enter the smalle	r of	line 3 or line 4. If the corporat	ion is required to s	kip line 4, enter	
	the amount from line 3					
Par	Reasons for Filing - Check the			•	e checked, the corp	oration must file
	Form 2220 even if it does not o			ons.		
6	The corporation is using the adjusted annualized the corporation is using the annualized the corporation is using the annualized the corporation is using the annualized the corporation is using the adjusted annualized the corporation is using the adjusted annualized the corporation is using the adjusted annualized the corporation is using the adjusted annualized the corporation is using the adjusted annualized the corporation and the corporation is using the adjusted annualized the corporation and the corporation and the corporation is using the adjusted annualized the corporation and the corporatio					
7 8	The corporation is a "large corporation			ent hased on the pri	or vear's tay	
Part		119	aring its mot required motalline	on based on the pri	or your o tax.	
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a)		`,			
	through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months					
	of the corporation's tax year	9				
10	Required installments. If the box on line 6					
	and/or line 7 above is checked, enter the					
	amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes					
	are checked, enter 25% (0.25) of line 5 above in					
	each column	10				
11	Estimated tax paid or credited for each period.					
	For column (a) only, enter the amount from		4,317.	4,018.	4,018.	
	line 11 on line 15. See instructions	11	4,317.	4,010.	4,010.	
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		4,317.	8,335.	12,353.
13	Add lines 11 and 12	13		8,335.	12,353.	12,353.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,317.	8,335.	12,353.	12,353.
16	If the amount on line 15 is zero, subtract line 13					
	from line 14. Otherwise, enter -0-	16				
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to					
	line 12 of the next column. Otherwise, go to					
18	Overpayment. If line 10 is less than line 15,	17				
-	subtract line 10 from line 15. Then go to line 12 of the next column	18	4,317.	8,335.	12,353.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2018)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

calendar year 2018 or other tax year beginning	$\phantom{00000000000000000000000000000000000$	<u>06/30</u> ,
--	--	----------------

9010

OMB No. 1545-0687

	FOI Cale	ilual year 2010 of other tax year begi		·		ر <u></u> -	
Department of the Treasury nternal Revenue Service	► na	Go to www.irs.gov/Form99				\/2\	Open to Public Inspection for
Check box if	▶ 00	Name of organization (Check I		ne changed and see instruction	·		501(c)(3) Organizations Only loyer identification number
address changed		AMERICAN ASSOCIATION		•			loyees' trust, see instructions.)
3 Exempt under section	-	LANDMEN, INC.					
X ₅₀₁₍ C)(6)	Print	Number, street, and room or suite no.	If a P.O.	. box, see instructions.		75-0	975500
408(e) 220(e)	or					E Unre	elated business activity code
408A 530(a)	Type	800 FOURNIER STREET				(See i	instructions.)
529(a)		City or town, state or province, coun	try, and Z	IP or foreign postal code			
Book value of all assets	1	FORT WORTH, TX 7610)2	• .		5111	.20
at end of year	F Gro	up exemption number (See instruc	ctions.)	>			
40,159,030.	G Che	ck organization type X 50	1(c) cor	rporation 501(c) trust	401(a) trust Other trust
		nization's unrelated trades or busin			,		y (or first) unrelated
trade or business her	•			. If only one,			• ` '
		end of the previous sentence, co					
trade or business, th	en comple	ete Parts III-V.	•				
During the tax year,	was the	corporation a subsidiary in an aff	iliated gr	roup or a parent-subsidiary of	controlled group?		Yes X No
-		identifying number of the parent of	_	on. ▶			
The books are in care	e of ►AM	MANDA JOHNSON		Telephon	e number ▶ 81	7-847	-7700
Part I Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or	sales						
b Less returns and allows	ances	c Balance	▶ 1c				
2 Cost of goods so	ld (Sched	ule A, line 7)	2				
3 Gross profit. Sub	tract line	2 from line 1c	3				
4a Capital gain net i	ncome (a	ttach Schedule D)	4a				
- , , ,		Part II, line 17) (attach Form 4797)					
c Capital loss dedu	ction for t	rusts	4c				
		r an S corporation (attach statement)					
6 Rent income (Sch	edule C)		6				
7 Unrelated debt-fit	nanced in	come (Schedule E)	7				
8 Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule I	F) 8				
		1(c)(7), (9), or (17) organization (Schedule G					
	-	ncome (Schedule I)		050 150	111	251	147 001
		lule J)		259,152.	111	,351.	147,801.
		tions; attach schedule)		250 152	111	,351.	1.47.001
		ough 12		259,152.		·	, , , , , , , , , , , , , , , , , , ,
		Taken Elsewhere (See ins			, ,	xcept	for contributions,
		be directly connected with				Ι	
		directors, and trustees (Schedule k					
		(see instructions)					
20 Charitable contrib	outions (9	See instructions for limitation rules)		АТСН	2	19 20	2.0
		4562)				20	
		on Schedule A and elsewhere on				221	
		compensation plans					
		Schedule I)					
		chedule J)					147 400
		chedule)					
		s 14 through 28					1 4 0 4 4 0
		le income before net operating					254
		g loss arising in tax years beginn	•				
		e income. Subtract line 31 from lin	-				254

1178986

Form 990-T (2018) Page 2 **Total Unrelated Business Taxable Income** Part III 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 354. 33 34 34 Amounts paid for disallowed fringes . 35 Deduction for net operating loss arising in tax years beginning before January 1, 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum 354. of lines 33 and 34 36 1,000. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) . 37 37 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, 38 0. Part IV Tax Computation 39 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable Trust Rates. See instructions for at tax computation. Income 40 the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041). 1,003. 41 Proxy tax. See instructions 41 42 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 43 44 1,003. 44 Tax and Payments Part V 45 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 45a 45b General business credit. Attach Form 3800 (see instructions) 45d 45e Total credits. Add lines 45a through 45d 1,003. 46 Subtract line 45e from line 44 46 47 Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 48 1,003. Total tax. Add lines 46 and 47 (see instructions) 48 49 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. 299 **50 a** Payments: A 2017 overpayment credited to 2018 16,072. 50c 50d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 50f Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ▶ 50g 16,371. 51 51 52 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 53 15,368. 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 15,368. Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Χ Χ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return Here with the preparer shown below (see instructions)? X Signature of officer Title Yes Print/Type preparer's name Date Preparer's signature PTIN **Paid** KEVIN ENSMINGER 06/12/2020 P01310558 self-employed **Preparer** ▶ BKD, LLP 44-0160260 Firm's name Firm's EIN ▶ **Use Only**

Form **990-T** (2018)

817.332.2301

Firm's address ▶ 777 MAIN STREET,

SUITE 2000,

TX 76102

FORT WORTH,

Form 990-1 (2018)								Page 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	tory valuation	>			
1 Inventory at beginning of	/ear _ 1			6 Inventory	at end of yea	ar	6	
2 Purchases						ld. Subtract line		
3 Cost of labor						iter here and in		
4a Additional section 263A c							7	
(attach schedule)						section 263A (w		Yes No
b Other costs (attach schedu						or acquired for	•	
5 Total. Add lines 1 through	-, -					or acquired for		x
Schedule C - Rent Income		Property a	nd Perso	nal Property	L pased V	Vith Real Proper	rtv)	
(see instructions)	c (i roin iteai	i Toperty a	110 1 6130	mai i roperty	Leaseu v	vitii ixeai i ropei	· · y /	
Description of property								
(1)								
(2)								
(3)								
(4)						ı		
	2. Rent rece	eived or accru	ed			_		
			(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6	` '	2(b). Enter				(b) Total deduction Enter here and on Part I, line 6, colur	n page 1,	
Schedule E - Unrelated D			ee instruct	ions)		,	() •	
		(0		<u> </u>	3. [Deductions directly cor		le to
1. Description of de	bt-financed property			s income from or e to debt-financed		debt-financ		
			property			nt line depreciation ich schedule)	(b) Other deductions (attach schedule)	
(1)					(atta	ion concauto,	(4114011 001100	
(2)								
(3)								
4 Amount of average	E Averege ed	iuotod booio						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average ad of or allow debt-finance (attach sc	able to d property	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable ded (column 6 x total c 3(a) and 3(l	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
· · ·	ı		1	70	Enter her	e and on page 1,	Enter here and o	n page 1
					Part I, lir	ne 7, column (A).	Part I, line 7, col	
Totals								
Totals Total dividends-received deduc	ions included in	column 8						

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	uities, Royalties						ons (see	instruction	ons)	
		Exen	npt Contr	olled Or	ganizatio	ons				
Name of controlled organization	2. Employer identification numb		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	Net unrelated in (loss) (see instruct			al of specifi nents made		include	t of column ed in the co ation's gros:	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sec	tion 501(c)(7), (9)), or (17	<u> </u>	Part I	nere and on line 8, colui	mn (A).		er here and on page 1, t I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduction of the directly contact (attach scl	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)										
Totals ▶	Enter here and o Part I, line 9, co									Enter here and on page 1. Part I, line 9, column (B).
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Than	Advert	ising Ir	ncome (s	ee instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business in	ses fr y with o n of ed	Net incorrom unrela or business minus co If a gain, c cols. 5 thr	me (loss) ted trade (column lumn 3). ompute	5. Gros from ac is not u	s income tivity that inrelated s income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa	art I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising Ir	COME (SEE instr	ıctions)								
Part I Income From Per	•		onsolida	ted Ra	eie					
income i fom i er	louicais Report	eu on a C	Orisonaa	ileu ba	313			1		
1. Name of periodical	2. Gross advertising income	3. Direct advertising	costs	4. Adver gain or (los 2 minus c a gain, co cols. 5 thre	ss) (col. ol. 3). If mpute	l	culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SALE OF ADS IN EXEMPT ORG. PUB	259,152.	111,3	51.			11	2,729.	260	,137.	
(2)		,-								
(3)										
(4)										
Totals (carry to Part II, line (5))	259,152.	111,	351.	147	,801.	11	2,729.	260	,137	. 147,408.

Form **990-T** (2018)

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	259,152.	111,351.				147,408.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	259,152.	111,351.				147,408.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14		•	

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SALE OF ADS IN EXEMPT ORG. PUBLICATIONS

ATTACHMENT 2

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	147,801.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	147,408.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 39.
CHARITABLE CONTRIBUTION	241,140.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	39.

Payment/Deposit Information Report

Taxpayer Name:

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
990-T	REFUND	15,368.				
	TREE ONE	137300.				
				-		
				 		
				-		
				-		
						1

8X9900 1.000