

# **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.<sup>1</sup> 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.

<sup>&</sup>lt;sup>1</sup> 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 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.

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. FORM 990 TAX YEAR 2019





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, 2020.

2019 990-T - Exempt Organization Business Income Tax Return 2019 990 - Return of Organization Exempt from Income Tax 2019 8879-EO - IRS E-file Signature Authorization Form 2020 990-W - Estimated Tax Worksheet for Form 990-T

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 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 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2020

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 June 15, 2021. 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-EO	IRS <i>e-file</i> Signature Autho for an Exempt Organiz			OMB No. 1545-1878
	For calendar year 2019, or fiscal year beginning $\frac{07/01}{}$ , 2019, and	dending 06/30	, 20 20	
Department of the Treasury	Do not send to the IRS. Keep for your			2019
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the late	st information.		
Name of exempt organization	CIAMION OF DECERCIONAL			tification number
AMERICAN ASSO	CIATION OF PROFESSIONAL		75-097	5500
	METZ, EXECUTIVE VP OF AAPL			
	eturn and Return Information (Whole Dollars Only)			
	eturn for which you are using this Form 8879-EO and enter	the applicable amou	int. if any, fro	om the return. If you
check the box on line fleave line <b>1b</b> , <b>2b</b> , <b>3b</b> , 4	a, 2a, 3a, 4a, or 5a, below, and the amount on that line for b, or 5b, whichever is applicable, blank (do not enter -0-). Be w. Do not complete more than one line in Part I.	the return being file	d with this f	orm was blank, then
1a Form 990 check h	ere 🕨 🔀 b. Total revenue, if any (Form 990, Part VIII, c	olumn (A), line 12)	1b	5,177,740.
2a Form 990-EZ cheo				
3a Form 1120-POL ch				
4a Form 990-PF chec 5a Form 8868 check				
			50	
Part II Declaration	on and Signature Authorization of Officer			
are true, correct, and corganization's electronic to send the organization the transmission, (b) the authorize the U.S. Treas financial institution accor- return, and the financia Agent at 1-888-353-45 involved in the process resolve issues related to	ctronic return and accompanying schedules and statements omplete. I further declare that the amount in Part I above is t c return. I consent to allow my intermediate service provider, n's return to the IRS and to receive from the IRS (a) an acknow e reason for any delay in processing the return or refund, and sury and its designated Financial Agent to initiate an electron punt indicated in the tax preparation software for payment of I institution to debit the entry to this account. To revoke a pay 37 no later than 2 business days prior to the payment (settler ng of the electronic payment of taxes to receive confidential o the payment. I have selected a personal identification numi applicable, the organization's consent to electronic funds with	the amount shown or transmitter, or elec wledgement of recei (c) the date of any r nic funds withdrawal the organization's fe yment, I must contac ment) date. I also au information necessa ber (PIN) as my signa	a the copy of tronic return pt or reason efund. If app (direct debit deral taxes at the U.S. The uthorize the f ary to answe	the originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions inquiries and
Officer's PIN: check or	e box only			
X I authorize BK	D, LLP to en	ter my PIN 7 6	102	as my signature
	ERO firm name	Enter fi	ve numbers, bu	
being filed with ERO to enter n As an officer of If I have indicat	tion's tax year 2019 electronically filed return. If I have indica a state agency(ies) regulating charities as part of the IRS Fe by PIN on the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the ed within this return that a copy of the return is being filed with ate program, I will enter my PIN on the return's disclosure cor	ited within this return ed/State program, I a organization's tax ye th a state agency(ies	also authorize ear 2019 elec	the aforementioned
	the program, if will enter my investigate retained disclocate dos		11	200
Officer's signature 🕨 🦯	MAK	Date 🕨 🌘	0/1/20	071
Part III Certificati	on and Authentication		//	
	your six-digit electronic filing identification by your five-digit self-selected PIN.	8 0 5	380	4 4 0 1 6
indicated above. I confi	numeric entry is my PIN, which is my signature on the 2019 erm that I am submitting this return in accordance with the requed IRS <i>e-file</i> Providers for Business Returns.	electronically filed requirements of <b>Pub. 4</b>	turn for the c	rganization
ERO's signature	Davers	Date ► 6/	15/2021	
	ERO Must Retain This Form - See Inst			
For Paperwork Reduct	Do Not Submit This Form to the IRS Unless Re ion Act Notice, see back of form.	Huesten 10 D0 30		m 8879-EO (2019)
· ··· · upor ir vin rieduot			FX.	

Depa	rtment o	90 of the Tre enue Servi	asury	Under section ► Do	501(c), 527 not enter	<b>)rganiza</b> 7, or 4947(a)(1 Social Securi about Form 9	l) of the Int ity numbers	ernal Rever s on this for	nue Code (e m as it may l	xcept p be made	rivate four e public.		OMB No. 1545 201 Open to Pu Inspection	9 Iblic
A F	or th	e 2019		dar year, or tax y					and endin	g		06/	30, <b>20</b> 20	
_			C Name	of organization AME	RICAN A	SSOCIATI	ON OF P	ROFESSI	ONAL		D Employe	r identifica	tion number	
BC	neck if ap	oplicable:	LAN	DMEN, INC.										
	Addre chang		Doing	Business As							75-09	975500		
	Name	change	Numb	er and street (or P.O.	box if mail is	not delivered to s	street address	5)	Room/suite		E Telephor	ne number		
	Initial	return	800	FOURNIER ST	REET						(817)	847-77	700	
	Termi	inated	City o	r town, state or provin	ce, country, a	and ZIP or foreig	n postal code							
	Amen return		FOR	T WORTH, TX	76102						G Gross re	ceipts \$	14,736,	532.
	Applic pendi		F Name	and address of princip	oal officer:	DR. GR	ETA ZEI	METZ			H(a) Is this a subordin		for Yes	X No
			SAM	E AS C ABOVE			TX 76102	2		1	H(b) Are all su		uded? Yes	No
		empt sta		501(c)(3) X	501(c) (	6 ) ┥ (inse	rt no.)	4947(a)(1) c	or 527	7	lf "No,"	attach a list.	(see instructions)	
J	Websi	te: 🕨	WWW.L	ANDMAN.ORG							H(c) Group e	•		
_		of organ	ization:	X Corporation	Trust	Association	Other 🕨		L Year of	formatio	on: 1987	M State o	f legal domicile:	TX
Pa	art I		nmary											
	1			e the organization's								E_HIGH	IEST	
ЭC				S OF PERFORM										
Governance				AND ENCOURA										
ove				•		liscontinued its	•	s or dispose	d of more tha	ın 25% (	of its net as	1 1		10
Ğ				ing members of the		• •						-		48.
es 2				ependent voting me										48.
viti				of individuals emplo			9 (Part V, lir	ne 2a)						30.
Activities &				of volunteers (estima									100	48.
-				d business revenue f									183,	
	b	Net un	related	business taxable in	come from	Form 990-T, lii	ne 34			<u></u>		. 7b		521.
	•	<b>•</b> • • •			P 41 \						Prior Yea	0.	Current Yea	0.
ne				and grants (Part VIII,				COPY	( FOR		3,528,		2,538,	
Revenue				ce revenue (Part VIII				PUBLIC IN	SPECTION		2,039,		-129,	
Re	10 11			come (Part VIII, colu e (Part VIII, column (							4,120,		2,769,	
	12			- add lines 8 throug							9,688,		5,177,	
				nilar amounts paid (l								925.		539.
				o or for members (F							,	0.	,	0.
6				compensation, em				ines 5-10)			2,890,	791.	3,356,	015.
Expenses				undraising fees (Part								0.		0.
ee i				ng expenses (Part I)				0						
ш				es (Part IX, column (			 e)				4,108,	538.	3,231,	113.
	18			s. Add lines 13-17 (							7,014,	254.	6,620,	667.
	19	Reven	ue less	expenses. Subtract	line 18 fron	n line 12 🚬					2,674,	068.	-1,442,	927.
Net Assets or Fund Balances										Beginn	ing of Curre	ent Year	End of Year	
sets alan	20	Total a	assets (F	Part X, line 16)						4	10,159,		38,723,	
dB	21			(Part X, line 26)							3,120,		2,040,	
Pune	22			fund balances. Sub							37,038,	887.	36,683,	280.
Pa	rt II	Sig	Inature	Block										
Uno true	der per e, corre	nalties o ect, and o	f perjury, complete.	I declare that I have Declaration of prepare	examined th er (other thar	is return, includ n officer) is base	ing accompa d on all inforr	nying schedu nation of whic	les and statem ch preparer has	nents, an s any kno	d to the bes owledge.	st of my kr	nowledge and belie	ef, it is
Sig Hei			Signature	e of officer							Date			
		🕨 :	Type or n	rint name and title										
				parer's name		Preparer's sign	nature		Date		Check	if P	ΓIN	
			21 - F. 91			1				~~ 4	Check			
Paic	I	KEVI	יד א	NSMINGER		-	4		6/15/2	021	self-em	ploved I I	D() 3 ()558	
Prej	barer	KEV]		NSMINGER		Ta	- 5-0		6/15/2		self-em	110	201310558 160260	
Prej		Firm's	name	NSMINGER BKD, LLP 777 MAIN STREE			RTH. TY 76	102	6/15/2		self-em	▶ 44-0	201310558 160260 332.2301	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

For	m 990 (2019)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	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.	
	Did the organization undertake any significant program services during the year which were not listed on the	0
2	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	n
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program servic expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and 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 15,800 COPIES; IN EXCESS OF 90	
	EDUCATIONAL EVENTS, QUARTERLY BOARD MEETINGS AND AN ANNUAL	
	MEETING/CONFERENCE. AAPL HAS APPROXIMATELY 15,800 MEMBERS.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
<u> </u>		
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	- 000
9E1	020 2.000	Form <b>990</b> (2019)
	2699NU A87C 6/2/2021 3:19:47 PM V 19-8.5F 101510B	PAGE 4

AMERICAN ASSOCIATION OF PROFESSIONAL

-	90 (2019)		F	Page 3
Part	V 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,"			v
•	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		X
2 3	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII.	12a		X
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.0%	Х	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13	A	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
	domestic government on Fartix, column (A), me 1 : 11 Tes, complete Schedule I, Farts I and II	<b>Z</b> I		

JSA 9E1021 2.000 2699NU A87C 6/2/2021 3:19:47 PM V 19-8.5F 101510B

Part	V Checklist of Required Schedules (continued)		No.	
22	Did the ergenization report more than \$5,000 of grants or other equiptones to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>_</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	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			
	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? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c		
9E1030		Form	<b>990</b>	
	2699NU A87C 6/2/2021 3:19:47 PM V 19-8.5F 101510B		PF	AGE

Form 990 (2019)

Page 5

Par	t V 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. 2a 30								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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							
-	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.	0-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a L	Initiation fees and capital contributions included on Part VIII, line 12								
44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:								
11	Gross income from members or shareholders.								
	Gross income from other sources (Do not net amounts due or paid to other sources								
D	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							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
-	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		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	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		X					
	If "Yes," complete Form 4720, Schedule O.								

	000	1004	<u>م</u>
Form	990	(201	9)

-

 ....

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

Sect	Ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 48			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 48			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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	Х	
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	Х	
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		37	
	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:	•	v	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		x
Foot	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	)	А
Seci	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1 Tu		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
ıza b				
b	rise to conflicts?	12b		х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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 on Schedule O)			

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► AMANDA F. JOHNSON 800 FOURNIER STREET FORT WORTH, TX 76102 817-847-7700

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	ane
	Independent Co	ontra	actors								

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. See instructions for the order in which to list the persons above.

(**a**)

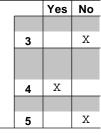
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours			•				compensation	compensation	of other
	per week (list any				-	or/trust	, 	from the organization	from related organizations	compensation from the
	hours for	Individual t or director	nsti	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	tutio	ĕr	emp	est loye	her			related organizations
	organizations	or tr	nal		loye	e com				
	below dotted line)	Individual trustee or director	Institutional trustee		ě	pen				
		Ű	:ee			Highest compensated employee				
						<u> </u>				
(1)MELANIE BELL (PARTIAL YEAR)	40.00									
AAPL EXECUTIVE VICE PRESIDENT	4.00			Х				344,361.	0.	52,889.
(2) LEANN CALLIHAN	40.00									
DIRECTOR OF COMMUNICATIONS AND	0.				Х			266,822.	0.	77,692.
(3) STACEY GARVIN	40.00									
DIRECTOR OF EDUCATION AND MEMB	5.00				Х			268,879.	0.	38,035.
(4) RUSSELL COHEN	40.00									
GOVERNMENTAL AFFAIRS MANAGER	0.					Х		143,048.	0.	15,477.
(5) AMANDA JOHNSON	40.00									
CHIEF ACCOUNTING OFFICER	4.00			Х				134,758.	0.	17,709.
(6) GRETA ZEIMETZ (PARTIAL YEAR)	40.00									
AAPL EXECUTIVE VICE PRESIDENT	4.00			Х				57,839.	0.	4,575.
(7) ADAM ROBINSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) ALAN MORGAN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) ANDREW UELTSCHEY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) BRITNEY CROOKSHANKS	5.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(11) BRUCE PAYNE	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) CAROLINE HANSEN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) CHRISTA DOTSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) CHRISTIN FABER	2.00									
DIRECTOR	0.	Х						0.	0.	0.

Form	000	(2010)	
Form	990	(2019)	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	not ch unles		ion			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
				er and	ladir	son is rector	s both r/truste	an ee)	compensation from the	compensation from related organizations	amount of other compensation
		below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) CLARK HC	)OD	2.00									
DIRECTOR		0.	Х						0.	0.	
6) CLAY WAR		2.00									
DIRECTOR		0.	Х						0.	0.	
7) CRANFORI	NEWELL, JR.	2.00									
DIRECTOR		0.	Х						0.	0.	
.8) DAN KOSI		2.00									
DIRECTOR	2	0.	Х						0.	0.	
9) DOAK WOR	LEY	2.00									
DIRECTOR	2	0.	X						0.	0.	
20) DUSTIN H	IAMLETT	2.00									
DIRECTOR		0.	X						0.	0.	
21) JASON LY	ONS	2.00									
DIRECTOR		0.	Х						0.	0.	
2) JASON SC	DUTH	2.00									
DIRECTOR		0.	x						0.	0.	
23) JASON SE	BASTINAS	2.00									
DIRECTOR		0.	x						0.	0.	
24) JASON MA	LOY	5.00									
TREASURE	 lR	0.	X		Х				0.	0.	
25) JAY BEAV	'ERS	5.00									
PRESIDEN	 IT	0.	x		x				0.	0.	
1b Sub-total		1	1						1,215,707.	0.	206,377
	continuation sheets to Part V	/II. Section A	• • •			• •	• •		0.	0.	0
	nes 1b and 1c)	-							1,215,707.	0.	206,377
2 Total numbe	r of individuals (including but ompensation from the organiz	not limited to the	hose				) who	o re		\$100,000 of	

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



## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 5		

#### AMERICAN ASSOCIATION OF PROFESSIONAL

(A) Name and title	Name and title Average Position hours per week (list any hours for for and a director/trust								(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) JESS ROWER	2.00									
DIRECTOR	0.	X						0	0.	(
7) JOHN KROGMANN, JR.	2.00									
DIRECTOR	0.	x						0	0.	(
8) JOHN LEE	2.00									
DIRECTOR	0.	x						0	0.	(
9) JUSTIN RAMMELL	2.00									
DIRECTOR	0.	x						0	0.	
0) KEVIN HALBERT	2.00									
DIRECTOR	0.	x						0	0.	
1) LARRY BUZAN	2.00									
DIRECTOR	0.	X						0	0.	
2) LARS NOBLE	2.00									
DIRECTOR	0.	X						0	0.	
3) LESTER ZITKUS	5.00									
1ST VICE PRESIDENT	0.	x		х				0	0.	
4) LINDSEY STINSON	2.00									
DIRECTOR	0.	X						0	0.	
5) MATTHEW MCCAULEY	2.00									
DIRECTOR	0.	x						0	0.	
6) MICHAEL DEWALD	2.00									
DIRECTOR	0.	x						0	0.	
1b Sub-total c Total from continuation sheets to Par d Total (add lines 1b and 1c)		•••	•••			•••		0.	0.	0
2 Total number of individuals (including b								ceived more than	\$100.000 of	

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

# Section B. Independent Contractors

(

(

(

(

(

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

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

5

Х

Form	aan	(2019)	
FUIII	990	(2019)	

	(A) Name and title		(B)     (C)       Average     Position       hours per     (do not check more than or box, unless person is both officer and a director/trus       hours for     officer and a director/trus       related     역 코 코 및 Q 중 및 표					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	) from the organization and related organizations
7) MICHEL CU		5.00							0		
	E PAST PRESIDENT	0.	X		Χ				0.	0	•
8) NOEL MILI DIRECTOR		0.	x						0.	0	
9) PAUL WOOI	<u>۲</u>	2.00							0.	0	•
DIRECTOR		2.00	x						0.	0	
0) RANDALL 7	TAYLOR	2.00	- 25						0.	0	•
DIRECTOR		0.	x						0.	0	.
1) RANDY LIT	TTLECOTT	2.00									
DIRECTOR		0.	x						0.	0	.
2) RIC BAJO	J	2.00									
DIRECTOR		0.	x						0.	0	.
3) RICHARD H	HINES	2.00									
DIRECTOR		0.	Х						0.	0	
4) ROBERT R	ICE	2.00									
DIRECTOR		0.	Х						0.	0	•
5) RODNEY BI	LACK	2.00									
DIRECTOR		0.	Х						0.	0	•
6) RYAN BENS	SING	2.00									
DIRECTOR		0.	X						0.	0	•
7) RYAN SCHI DIRECTOR	NEIDER 	2.00	x						0.	0	
		0.	Λ					<u> </u>	0.	0	
1b Sub-total	ontinuation sheets to Part	VII Section A		• • •		• •	• • •		0.		
	les 1b and 1c)	•	•••			• •	• • •	5			
2 Total number	of individuals (including b mpensation from the orga	ut not limited to t		liste		bove	e) who	o re	ceived more than	\$100,000 of	Yes N
employee on	anization list any <b>forme</b> line 1a? <i>If "Yes," complete</i> <i>r</i> idual listed on line 1a, is	Schedule J for su	ch ind	lividu	ıal	• •		•			<b>3</b> X
organization	and related organizatio	ns greater than	\$15	0,00	00?	lf	"Yes	," (	complete Schedu	le J for such	<b>4</b> X
for services re	on listed on line 1a rece										5 X
	endent Contractors s table for your five highes	at componented in	adone	ndo	nt (	0001	racto	ro t	hat received more	than \$100 000	of
	n from the organization. R										
	(A) Name and busin	ess address							<b>(B)</b> Description of se	rvices	(C) Compensation

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

_			
Form	990	(2019)	

(A) Name and title	(B) Average hours per week (list any hours for	Average         Position           hours per         (do not check more than box, unless person is box, unless person is box, unless person is do officer and a director/true						<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
8) SEAN MARSHALL	2.00										
3RD VICE PRESIDENT	3.00			Х				0.		0.	
9) STEVEN RAPANOS	2.00	-						_			
DIRECTOR	0.	X						0.		0.	
0) TERRY CAVES	2.00	-						0			
DIRECTOR 1) TIMOTHY MCGHEE	0.	X						0.	•	0.	
DIRECTOR		x						0.		0.	
2) WENDY DALTON	2.00		$\left  \right $								
2ND VICE PRESIDENT	3.00	x		Х				0.		0.	
3) WILL BOONE	2.00										
DIRECTOR	0.	X						0.		0.	
4) WILLIAM HACKETT	2.00	-						_			
DIRECTOR	0.	X						0.		0.	
		-									
								0.		0.	
1b Sub-total c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Section A					••••					
<ul> <li>Total number of individuals (includ reportable compensation from the</li> </ul>	ling but not limited to t					e) who	re	ceived more than	\$100,000	of	
3 Did the organization list any f	ormer officer, direct	or, or	tru	ste	e, I	key ei	mp	loyee, or highes	t compens	ated	Yes N
employee on line 1a? If "Yes," com	plete Schedule J for su	ch inc	lividu	ıal							3 2
4 For any individual listed on line											
organization and related orgar individual								complete Schedu	le J for	such	4 X
<b>5</b> Did any person listed on line 1a								elated organization	on or indivi	idual	
for services rendered to the organ											5 2
Section B. Independent Contractors											
<ol> <li>Complete this table for your five compensation from the organizati year.</li> </ol>											
Name and	(A) I business address							<b>(B)</b> Description of se	rvices	Cc	<b>(C)</b> ompensation
							i i				

JSA 9E1055 1.000 2699NU A87C 6/2/2021 3:19:47 PM V 19-8.5F

## Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule	e O co	ontains a respoi	nse or note to ar	y line in this Part V	/		
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
ษิธี	c	Fundraising events							
fts,	d	Related organizations							
ila	۵ ۵	Government grants (co							
ns,	f	All other contributions,							
ë tio	•	and similar amounts not in	-	-					
the		Noncash contributions							
5 D	g	lines 1a-1f			\$				
ano	h	Total. Add lines 1a-1f				0.			
		Total. Adu lilles la-11		<u></u>	Business Code	0.			
e		ADI ANNULAI MEETING			900099	14 492	14 492		
Program Service Revenue	2a	AAPL ANNUAL MEETING				14,482.	14,482.		
Ser	b	EDUCATIONAL SEMINAR			611710	537,444.	537,444.		
e n	С	MEMBERSHIP DUES			900099	1,769,107.	1,769,107.		
gra Re	d	CERTIFICATION FEES &			900099	118,330.	118,330.		
õ	е	RENTAL INCOME FROM A			900099	99,157.	99,157.		
₽.	f	All other program servi							
	g	Total. Add lines 2a-2f				2,538,520.			
	3	Investment income	(inclue	ding dividends,	interest, and				
		other similar amounts).			🏲	512,869.			512,869.
	4	Income from investme	ent of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties				79,725.			79,725.
				(i) Real	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (lo	oss) 🛯		<b>.</b> •	0.			
	7a	Gross amount from		(i) Securities	(ii) Other				
		sales of assets							
		other than inventory	7a	8,915,940.					
ē	b	Less: cost or other basis							
Revenue		and sales expenses	7b	9,551,807.	6,985.				
ě	с	Gain or (loss)	7c	-635,867.	-6,985.				
	d	Net gain or (loss)				-642,852.			-642,852.
Other	8a			undraising					
õ		events (not including \$							
		of contributions rep		on line					
		1c). See Part IV, line 18			0.				
	b	Less: direct expenses			0.				
	c	Net income or (loss) fr				0.			
	9a		rom	gaming					
	Ju	activities. See Part IV, li			0.				
	b	Less: direct expenses			0.				
	c c	Net income or (loss) f				0.			
	10a	Gross sales of i	-	-					
	iva				0.				
	L.	returns and allowances <u>10a</u> Less: cost of goods sold <b>10b</b>							
	b c	Less: cost of goods sole Net income or (loss) free	u . om sal		0.	0.			
					Business Code	0.			
Miscellaneous Revenue		ADVERTISING/CIRCULAT	VTON		900003	183,875.		183,875.	
ne	11a	PARTNERSHIP INC - NA		PO.	511120	1,762,857.		100,070.	1,762,857.
ella ver	b	NAPE EXPO FEE	15 L L L		900099	736,781.			736,781.
Sce	C				200029				/30,/81.
Ĭ	d	All other revenue				5,965.	5,965.		
	e 12	Total. Add lines 11a-1				2,689,478.	0 544 405	102 085	0.440.000
	12	Total revenue. See ins	ดนิยิยิต		•••••	5,177,740.	2,544,485.	183,875.	2,449,380.

Section 501(c)(3) and 501(c)(4) organizations must				
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,539.			
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	1,263,559.			
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	1,698,130.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	394,326.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees):	100 000			
a Management	122,939. 34,168.			
b Legal	49,895.			
c Accounting	49,895.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	488,842.			
(A) amount, list line 11g expenses on Schedule O.)	149,454.			
3 Office expenses	677,371.			
Information technology	182,053.			
5 Royalties	0.			
6 Occupancy	277,924.			
7 Travel	277,013.			
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
O Conferences, conventions, and meetings	122,749.			
Interest	0.			
Payments to affiliates	0.			
Depreciation, depletion, and amortization	256,463.			
Insurance	65,937.			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	207 101			
aEDUCATION SEMINARS bMISCELLANEOUS EXPENSES	387,191. 139,114.			
c [				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	6,620,667.			
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				

Ο.

following SOP 98-2 (ASC 958-720)

101510B

Form 990 (2019)

Page	1	1	
i ugo			

			Page <b>1</b> 1
alance Sheet			
heck if Schedule O contains a response or note to any line in this P	art X		<u> </u>
	(A) Beginning of year		<b>(B)</b> End of year
h - non-interest-bearing	1,120,170.	1	756,677
ings and temporary cash investments.	3,580,974.	2	1,482,524
dges and grants receivable, net	0.	3	0
ounts receivable, net.	38,993.	4	19,769
ns and other receivables from any current or former officer, director,			
tee, key employee, creator or founder, substantial contributor, or 35%			
trolled entity or family member of any of these persons	0.	5	C
ns and other receivables from other disqualified persons (as defined			
er section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	C
es and loans receivable, net	0.	7	0
entories for sale or use	0.	8	0
paid expenses and deferred charges	85,832.	9	373,865
d, buildings, and equipment: cost or other			
is. Complete Part VI of Schedule D 10a 6,633,446.			
s: accumulated depreciation	5,033,353.	10c	4,908,521
stments - publicly traded securities	30,044,461.	11	30,999,467
stments - other securities. See Part IV, line 11	510.	12	510
stments - program-related. See Part IV, line 11	0.	13	0
ngible assets	247,625.	14	182,168
er assets. See Part IV, line 11	7,112.	15	473
al assets. Add lines 1 through 15 (must equal line 33)	40,159,030.	16	38,723,974
ounts payable and accrued expenses	1,241,192.	17	548,654
nts payable	0.	18	0
erred revenue.	1,878,951.	19	1,492,040
exempt bond liabilities.	0.	20	0
row or custodial account liability. Complete Part IV of Schedule D.	0.	21	C
ns and other payables to any current or former officer, director,			
tee, key employee, creator or founder, substantial contributor, or 35%			
trolled entity or family member of any of these persons	0.		C
ured mortgages and notes payable to unrelated third parties	0.	23	0
ecured notes and loans payable to unrelated third parties	0.	24	0
er liabilities (including federal income tax, payables to related third			
ies, and other liabilities not included on lines 17-24). Complete Part X	_		_
chedule D	0.		C
al liabilities. Add lines 17 through 25	3,120,143.	26	2,040,694
anizations that follow FASB ASC 958, check here ►			
assets without donor restrictions	37,038,887.	27	36,682,990
assets with donor restrictions.	0.	28	290
anizations that do not follow FASB ASC 958, check here ► complete lines 29 through 33.			
ital stock or trust principal, or current funds		29	
I-in or capital surplus, or land, building, or equipment fund		30	
ained earnings, endowment, accumulated income, or other funds		31	
al net assets or fund balances	37,038,887.	32	36,683,280
		33	38,723,974
oital d-in aine al ne	stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds	stock or trust principal, or current funds         or capital surplus, or land, building, or equipment fund.         ed earnings, endowment, accumulated income, or other funds.         et assets or fund balances	stock or trust principal, or current funds29or capital surplus, or land, building, or equipment fund30ed earnings, endowment, accumulated income, or other funds31et assets or fund balances37,038,887.32

AMERICAN ASSOCIATION OF PROFESSIONAL

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part IX, column (A), line 12)       1       5,1177,740.         2       6,620,667.       3       -1,442,927.         3       7,038,887.       4       -1,442,927.         4       37,038,887.       5       1,087,320.         6       0.       -1       -1         7       0.0       -1       -1         8       0.37,038,887.       -1       -1         9       0.1       -1       -1         1       resident expenses.       -7       0.0         8       0.3       -0.0       -0         9       0.       -0       -0         9       0.       -0       -0         10       8 assets or fund balances (explain on Schedule O).       -0       -0         9       0.       -0       -0       -0         10       10       36,683,280.       -0       -0         9       0.0       -0       -0       -0       -0         10       36,683,280.       -0       -0       -0 <th>Form 9</th> <th>0 (2019)</th> <th></th> <th></th> <th></th> <th>Pa</th> <th>ge <b>12</b></th>	Form 9	0 (2019)				Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       5, 177, 740.         2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 660. 667.         3       Revenue less expenses. Subtract line 2 from line 1.       3       -1, 442, 927.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37, 038, 887.         5       Net unrealized gains (losses) on investments       5       1, 087, 320.         6       0.       6       0.         7       0.       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       8       0.         9       0.the assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       36, 683, 280.         Part XII       Financial Statements and Reporting       Vers       1         Check if Schedule O contains a response or note to any line in this Part XII.       1       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Accounting method used to prepare	Part	XI Reconciliation of Net Assets					
1       Total expenses (must equal Part X, column (A), line 25)       1       6, 620, 667.         3       Revenue less expenses. Subtract line 2 from line 1.       1       1.1, 442, 927.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37, 038, 887.         5       Net unrealized gains (losses) on investments       5       1.087, 038, 887.         6       0.       6       0.         7       Investment expenses       6       0.         8       Prior period adjustments       6       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X).       10       36, 683, 280.         Part XII       Financial Statements and Reporting       10       36, 683, 280.         Check if Schedule O contains a response or note to any line in this Part XII.       10       36, 683, 280.         2a       X       Yes       No         1       Accounting		Check if Schedule O contains a response or note to any line in this Part XI					
2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 6.20, 667.         3       -1, 442, 927.         4       Net unrealized gains (losses) on investments       4       37, 0.38, 887.         5       Net unrealized gains (losses) on investments       5       1, 087, 320.         6       0.       6       0.         7       investment expenses.       6       0.         8       0.1       7       0.0         9       0.       6       0.         9       0.       0.       8         10       Net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances (explain on Schedule O).       9       0.         10       36, 683, 280.       9       0.         10       36, 683, 280.       10       36, 683, 280.         20       Check if Schedule O contains a response or note to any line in this Part XII.       10       36, 683, 280.         21       Accounting method used to prepare the Form 990:       Cash	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
<ul> <li>A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li> <li>A Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Donated services and use of facilities</li> <li>Donated services and use of facilities</li> <li>C borstement expenses</li> <li>Prior period adjustments</li> <li>Prior period adjustments</li> <li>O ther changes in net assets or fund balances (explain on Schedule O).</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII.</li> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated basis</li> <li>Both consolidated basis</li> <li>Both consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>C des the organization's financial statements and selection of an independent accountant?</li> <li>If "Yes," to the 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountar?</li> <li>If "Yes," to a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	2		2				
Include of value of value of values of value	3	Revenue less expenses. Subtract line 2 from line 1	3				
b Consted services and use of facilities   c 0	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
a Donated services and use of radiuses       7       0.         7       Investment expenses       7       0.         8       0.       3       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       3       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       36, 683, 280.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       10       36, 683, 280.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Separate basis       B oth consolidated and separate basis       2b       X       2b       X	5	Net unrealized gains (losses) on investments	5	-	L,O	87,3	
<ul> <li>a) Prior period adjustments</li></ul>	6	Donated services and use of facilities	6				
9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       36,683,280.         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       Mee the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," toheck a box below to indi	7	Investment expenses	7				
9 Other darges in the assets of funct balances (explained in Schedule O),	8		8				
32, column (B))       36, 683, 280.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         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," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Image: Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2c       X	9		9				0.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       Image: the space of the space	10						
Check if Schedule O contains a response or note to any line in this Part XII.       Image: Specific Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other		32, column (B))	10	36	5,6	83,2	280.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis, or both:       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       Zb       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Part						
1       Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII			••		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_		Yes	No
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?	1			<u>.</u>			
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>b Were the organization's financial statements audited by an independent accountant?</li></ul>			piain	in			
2a       Were the organization's infancial statements compiled of reviewed by an independent accountant?       1         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not	-						v
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated</li></ul>	2a			· · ⊢	2a		
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:         <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>			piled	or			
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>							
<ul> <li>b Were the organization's inflatical statements addited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>					<b>b</b>	x	
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	b			· ·   -	20	21	
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li></ul>			ea on	na			
<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>							
<ul> <li>the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	-			- 4			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	C		-		20	х	
Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       Image: Comparization did not undergo the required audit or audits?				· ·			
<ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>			plain				
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 undergo the       Image: Control of the image: Control of t	2 -		h in t	he			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Jd				3a		Х
	h		erao t	•• –			
required audit of audits, explain why on Schedule O and describe any steps taken to undergo such audits $130$	, N	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		

	ment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990 for	instructions and the	latest information.	Inspection
lf the	organization answ		on Form 990, Part IV, line 3, or Forn		6 (Political Campaign Activi	
		0	Complete Parts I-A and B. Do not comp			
			on 501(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organi		,		17 (Lablacia a Asticitias) des	_
	-		on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election ur			
		0	that have NOT filed Form 5768 (election di		•	•
	( ) ( )	0	on Form 990, Part IV, line 5 (Proxy	•		•
Tax) (	see separate instr	uctions), then	· · · · · ·		,	, , , , , , , , , , , , , , , , , , ,
	()())	· · · · ·	nizations: Complete Part III.			
	-	MERICAN	ASSOCIATION OF PROFESSI	ONAL		ntification number
	OMEN, INC.		www.insticution.in.out.under	ention FO4(a) an	75-097	
	•		rganization is exempt under	· · /	•	
1		•	organization's direct and indirect	political campaign a	ictivities in Part IV. (see in	istructions for
2	definition of "pol	•				
			penditures (see instructions) campaign activities (see instructio			
			rganization is exempt under			
			ise tax incurred by the organization			
2	Enter the amour	nt of any exc	ise tax incurred by organization m	anagers under sec	tion 4955 ► \$	
			section 4955 tax, did it file Form			
	-					
	If "Yes," describe					
			rganization is exempt under	section 501(c), e	xcept section 501(c)(3	i).
		nt directly ex	pended by the filing organizatior	for section 527 e	xempt function	
	activities				▶\$	
			g organization's funds contributed			
			nditures. Add lines 1 and 2. En			
			nultures. Add lines i and 2. En			
			• Form 1120-POL for this year?			
5	Enter the names	, addresses	and employer identification numb	per (EIN) of all sect	ion 527 political organiz	ations to which the filing
			s. For each organization listed, er			
			ributions received that were pron d or a political action committee (			
		gregateu run		,	· · · ·	
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
(1)		-		-		
(2)						
( )		-		1		
(3)						
(4)						
(5)				-		
(6)		-		4		

# **Political Campaign and Lobbying Activities**

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

Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

OMB No. 1545-0047 20 19

**Open to Public** 

Sch	edule C (Form 990 or 990-EZ) 2019 AMERIC	AN ASSOCIATION OF PROFESSIONAL	/5-0	975500 Page <b>2</b>
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c	<ul> <li>Total lobbying expenditures to influence</li> <li>Total lobbying expenditures (add lines 1</li> <li>Other exempt purpose expenditures</li> </ul>	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b)		
f	Lobbying nontaxable amount. Enter the columns.	d lines 1c and 1d)		
	If the amount on line 1e, column (a) or (b) is:			
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
-	Subtract line 1g from line 1a. If zero or le Subtract line 1f from line 1c. If zero or le	5% of line 1f) ess, enter -0 ss, enter -0 on either line 1h or line 1i, did the organiza	tion file Form 4720	
ſ				Yes No
		4-Year Averaging Period Under Section 501(h)		

#### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the s to instructions for lines 25 through 2f )

See the separate instructio	ons for lines za through zf.)

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</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 expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Dogo	2
Page	J

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed For (election under section 501(h)).	orm 5768

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
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?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
q	Direct contact with legislators, their staffs, government officials, or a legislative body?			
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
i	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	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section
	501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х

Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sectio	on		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Pa answered "Yes."	rt III-A	4, line 3,	, is	
_			1 -	760 -	107

1	Dues, assessments and similar amounts from members	1	1,769,107
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part IV Supplemental Information

Schedule C (Form 990 or 990-EZ) 2019

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

Schedule C (Form 990 or 990-EZ) 2019

JSA 9E1266 1.000 2699NU A87C 6/2/2021 3:19:47 PM V 19-8.5F

Page 4

Part IV Supplemental Information (continued)

SCHEE	DULE	D
(Form	990)	

1 2

3

4

5

6

1

2

а

b

С d

3

4

5

6

7

8

q

1a

2

а

b

# 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.

Open to Public Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 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. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **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 (for example, 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 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 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 tax year 🕨 Number of states where property subject to conservation easement is located **b** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) No and section 170(h)(4)(B)(ii)? Yes 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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 following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X.... ▶ \$

For Pa	perwork Re	eduction	Act Notice, se	e the Ins	tructions	for F	orm 9	90.	
JSA 9E1268	1.000								
	2699NU	A87C	6/2/2021	3:	19:47	РM	V	19-8.	5F

Schedule D (Form 990) 2019

OMB No. 1545-0047

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

		CAN ASSOCIAL		FROLED	DIONAL			13-091	5500		~
	dule D (Form 990) 2019	<u> </u>				<u></u>	<u></u>			Page	e 2
	rt III Organizations Maintaining										
3	Using the organization's acquisition,		other record	ds, check	c any of	the follow	ving that ma	ake signi	ificant us	se of i	ts
	collection items (check all that apply):		. —	т.							
а	Public exhibition		d	1		ge progra					
b	Scholarly research		e	Other							_
С	Preservation for future generation										
4	Provide a description of the organization	ation's collections	and expla	in how t	hey furth	er the or	ganization's	exempt	purpose	in Pa	art
	XIII.										
5	During the year, did the organization s								_		
_	assets to be sold to raise funds rather	than to be mainta	ained as pa	rt of the c	organizati	on's colle	ction?		Yes	1	١o
Pa	IT IV Escrow and Custodial Arra										
	Complete if the organizatio	n answered "Ye	s" on Forr	n 990, P	Part IV, li	ne 9, or r	eported an	amoun	t on For	m	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee,	custodian or othe	r intermed	iary for c	ontributio	ns or othe	r assets not				
	included on Form 990, Part X?							[	Yes	1	٥V
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fol	lowing tab	ole:						
								Amount			
с	Beginning balance				[1	С					
d	Additions during the year					d					
е	Distributions during the year					e					
f	Ending balance					f					
2a							account liab	oilitv?	Yes	1	١o
	If "Yes," explain the arrangement in P										
	rt V Endowment Funds.										
	Complete if the organizatio	n answered "Ye	s" on Fori	n 990. F	Part IV. li	ne 10.					
		(a) Current year	(b) Prior			/ears back	(d) Three yea	ars back	(e) Four y	ears bad	 x
4 -		(1)	(1)	,	., ,				(-) )		
-	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 of			e (line 1g,	column (a	a)) held as	5:				
а	Board designated or quasi-endowmen		_%								
b	Permanent endowment	%									
С	Term endowment ▶%										
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	e possession of th	ie organiza	tion that	are held	and admi	nistered for t	he			
	organization by:									es N	0
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	•							3b		
4	Describe in Part XIII the intended use		tion's endo	wment fur	nds.						
Pa	Trt VI Land, Buildings, and Equip Complete if the organization	ment.	on For	m 000 r	Dart IV/	ina 11a -	Soo Form	000 Pa	t X lina	10	
	Description of property	(a) Cost or	1		or other basis	1	cumulated		Book valu		
		(invest		(01	ther)	depi	reciation	(0)			
1a	Land				92,051				1,39		
b	Buildings				314,811		518,658.		3,29		
С	Leasehold improvements				47,445	•	7,807.		3	9,63	8.
d	Equipment				72,247		71,118.			1,12	
е	Other			1,3	06,892	. 1,1	27,342.		17	9,55	0.
	al. Add lines 1a through 1e. (Column (d		n 990, Part	X, columr	n (B), line	10c.)			4,90		

Schedule D (Form 990) 2019

art VII	Investments - Other Securities. Complete if the organization answe	red "Yes" on Form 990	). Part IV. line 11b. See Form 99	0. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	lation:
Financi	al derivatives			
Closely	held equity interests			
(A)				
(B)				
(C)				
D) (E)				
(F)				
(G)				
( <del>-)</del> (H)				
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
rt VIII				
	Complete if the organization answe			
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
)				
)				
)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
art IX	Other Assets.			
	Complete if the organization answe	red "Yes" on Form 990	), Part IV, line 11d. See Form 99	0, Part X, line 15.
	(a)	Description		(b) Book value
)				
)				
)				
)				
)				
)				
	umn (b) must equal Form 990, Part X, col. (	B) line 15.)	<u></u>	•
art X	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990	), Part IV, line 11e or 11f. See Fo	orm 990, Part X,
		cription of liability		(b) Book value
Fede	ral income taxes			
) )				
)				

2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Signification of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Dart	ule D (Form 990) 2019			Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       6,146,55         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2       1,087,320.         2       Net unrealized gains (losses) on investments       2       2       1,087,320.         2       Donated services and use of facilities       2       2       2         c       Recoveries of prior year grants       2       2       2         d       Other (Describe in Part XIII.)       2       2       1,067,75         3       Subtract line 2e from line 1       3       5,039,80         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4       122,939.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4       122,939.         b       Other (Describe in Part XIII.)       4       122,939.       4         c       Add lines 4a and 4b       4       122,939.       4         c       Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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.	raii		e per Returi	า.	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         c       Signification of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
a Net unrealized gains (losses) on investments       2a       1,087,320.         b Donated services and use of facilities       2b       2c         c Recoveries of prior year grants       2d       19,434.         e Add lines 2a through 2d       2d       19,434.         e Add lines 2a through 2d       3       5,039,80         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       122,939.         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       122,939.         b Other (Describe in Part XIII.)       4a       122,939.         c Add lines 4a and 4b       4c       137,93         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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	1	Total revenue, gains, and other support per audited financial statements		1	6,146,555.
b       Donated services and use of facilities       2b       2c         c       Recoveries of prior year grants.       2d       19,434.         e       Add lines 2a through 2d       2d       19,434.         e       Add lines 2a through 2d       3       5,039,80         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       122,939.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4b       15,000.         b       Other (Describe in Part XIII.)       4c       137,93         c       Add lines 4a and 4b       5       5,177,74         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       5,177,74	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
b       Definited services and use of hadilites         c       Recoveries of prior year grants.         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         6       5         7       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.	а	Net unrealized gains (losses) on investments	,087,320.		
d Other (Describe in Part XIII.)       2d       19,434.         e Add lines 2a through 2d       2e       1,106,75         3 Subtract line 2e from line 1       3       5,039,80         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       122,939.         4 Amounts included on Form 990, Part VIII, line 7b       4b       15,000.         b Other (Describe in Part XIII.)       4b       15,000.         c Add lines 4a and 4b       4c       137,93         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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.       4	b	Donated services and use of facilities			
e       Add lines 2a through 2d       2e       1,106,75         3       Subtract line 2e from line 1       3       5,039,80         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       122,939.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4b       15,000.         b       Other (Describe in Part XIII.)       4c       137,93         c       Add lines 4a and 4b       5       5,177,74         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.       4	с				
e       Add lines 2a through 2d       2e       1,106,75         3       Subtract line 2e from line 1       3       5,039,80         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       122,939.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4b       15,000.         b       Other (Describe in Part XIII.)       4c       137,93         c       Add lines 4a and 4b       4c       137,93         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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.       4       6       6	d		19,434.		
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>4a 122,939.</li> <li>4b 15,000.</li> <li>4c 137,93</li> <li>5 5,177,74</li> </ul> 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.	е			2e	1,106,754.
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       122,939.         b       Other (Describe in Part XIII.)       4b       15,000.         c       Add lines 4a and 4b       4c       137,93         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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       6       502.16	3			3	5,039,801.
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       122,939.         b       Other (Describe in Part XIII.)       4b       15,000.         c       Add lines 4a and 4b       4c       137,93         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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       6       502.16	4	Amounts included on Form 990. Part VIII, line 12, but not on line 1:			
b       Other (Describe in Part XIII.)       4b       15,000.         c       Add lines 4a and 4b       4c       137,93         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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       6       602,16	а		122,939.		
c       Add lines 4a and 4b       4c       137,93         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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.       137,93			15,000.		
5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5,177,74         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.       5       6				4c	137,939.
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.				5	5,177,740.
	Part		ırn.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 I otal expenses and losses per audited financial statements	1	Total expenses and losses per audited financial statements		1	6,502,162.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2	·			
a Donated services and use of facilities	а				
b Prior year adjustments	b	Prior vear adjustments			
c Other losses					
d Other (Describe in Part XIII.)	d		19,434.		
e Add lines 2a through 2d				2e	19,434.
3 Subtract line 2e from line 1	-			3	6,482,728.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	-				
a Investment expenses not included on Form 990, Part VIII, line 7b	-		122,939.		
b Other (Describe in Part XIII.)			15,000.		
c Add lines 4a and 4b	с С			4c	137,939.
	5			5	6,620,667.
Part XIII Supplemental Information.				1	

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

SEE PAGE 5

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	AMERICAN ASSOCIATION OF PR	OFESSIONAL	75-0975500	Page 5
Part XIII Supplemental Info	ormation (continued)			
FORM 990, PART XI, LINE	2 2D			
BOOK/TAX ADJUSTMENT IN	PARTNERSHIP INVESTMENT	\$19,434		
FORM 990, PART XII, LIN	ie 2d			
BOOK/TAX ADJUSTMENT IN	PARTNERSHIP INVESTMENT	\$19,434		
FORM 990, PART XI, LINE	E 4B			
EDUCATION DISCOUNTS		\$15,000		
FORM 990, PART XII, LIN	ie 4b			
EDUCATION DISCOUNTS		\$15,000		

SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance t ndividuals in	n the United	d States	-	омв no. 1545-0047 20 <b>19</b>
	Comj	plete if the or	-	wered "Yes" on F ttach to Form 990		line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the l		L		Inspection
Name of the organization	AMERICAN ASSOCIAT	ION OF PR	OFESSIONAL				Employer identificat	
LANDMEN, INC.								
<ol> <li>Does the organiz the selection crit</li> <li>Describe in Part</li> </ol>	zation maintain records to so eria used to award the grant IV the organization's proced	ubstantiate th s or assistanc dures for mor	e amount of the e? hitoring the use	of grant funds in th	e United States.			X Yes No
	nd Other Assistance to D		-					'es" on Form 990,
Part IV, lir	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can I	pe duplicated if a		needed.	
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) IPAA EDUCATIONAL 1201 15TH STREET,		52-1849282	501(C)(3)	25,000.				EDUCATION ABOUT INDUSTRY
_(2)		-						
_(3)		-						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
3 Enter total numb	er of section 501(c)(3) and er of other organizations list on Act Notice, see the Instruct	ted in the line	1 table					1 . 

101510B

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4					
5					
3					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION'S OPERATING COMMITTEES REVIEW THE GRANT REQUEST

APPLICATION AND APPROVE THE REQUESTS. THE APPROVAL IS DOCUMENTED IN THE

MEETING MINUTES.

JSA

SCH	SCHEDULE J Compensation I		tion Information	L	OMB No	. 1545-	0047		
(For	m 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		ରା	<b>19</b>		
				nsated Employees nswered "Yes" on Form 990, Part IV, line	23.			,	
	nent of the Treasury	· · · · • •	Atta	ch to Form 990. or instructions and the latest information		Open			
-	Revenue Service of the organization	AMERICAN ASSOCIATION OF			Employer identific		pectio	n	
	OMEN, INC.				75-09755				
Part		s Regarding Compensation							
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				orm			
		ss or charter travel		Housing allowance or residence for					
		or companions		Payments for business use of perso	•				
	Tax inde	emnification and gross-up payments		Health or social club dues or initiati	on fees				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	xpens	ses described above? If "No," con	egarding paym nplete Part III	to	x		
2	Did the orac	anization require substantiation prior	r to	reimburging or allowing expense	incurred by	. 1b			
2	0	stees, and officers, including the CEC		<b>o o</b> 1					
							X	:	
3		n, if any, of the following the organizati							
Ū	organization's	ECEO/Executive Director. Check all th ization to establish compensation of th	at ap	ply. Do not check any boxes for metho	ods used by a				
	X Comper	sation committee	X	Written employment contract					
	Indepen	dent compensation consultant	X	Compensation survey or study					
	X Form 99	00 of other organizations	Х	Approval by the board or compense	ation committee	÷			
4		ar, did any person listed on Form 990, or a related organization:	, Par	t VII, Section A, line 1a, with respect t	o the filing				
а		verance payment or change-of-control p						Х	
b	-	, or receive payment from, a suppleme					,	Х	
С	•	, or receive payment from, an equity-ba				40		X	
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.				
F	-	501(c)(3), 501(c)(4), and 501(c)(29) o	-						
5	•	listed on Form 990, Part VII, Sect contingent on the revenues of:	1011 /	A, line la, did the organization pa	ay of accrue a	any			
а		ion?				. 5a			
b		rganization?							
		e 5a or 5b, describe in Part III.							
6		listed on Form 990, Part VII, Sect	ion /	A, line 1a, did the organization pa	ay or accrue a	any			
а		n contingent on the net earnings of: ion?				6a			
a b		rganization?					-		
		e 6a or 6b, describe in Part III.							
7		listed on Form 990, Part VII, Section	n ∆	line 1a did the organization prov	vide any nonfiv				
,		described on lines 5 and 6? If "Yes," d							
8		ounts reported on Form 990, Part VII,							
	-	contract exception described in	-	-	-				
9		ine 8, did the organization also fol							
	Regulations section 53.4958-6(c)?								

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

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
AMANDA JOHNSON 1 <sup>CHIEF ACCOUNTING OFFICER</sup>	(i)	120,773.	13,834.	151.	14,096.	3,613.	152,467.	
	(ii)	0.	0.	0.	0.	0.	0.	
MELANIE BELL (PARTIAL Y <sup>AAPL EXECUTIVE VICE PRESIDENT</sup>	(i)	256,615.	81,211.	6,535.	33,032.	19,857.	397,250.	
	(ii)	0.	0.	0.	0.	0.	0.	
RUSSELL COHEN GOVERNMENTAL AFFAIRS MANAGER	(i)	130,619.	11,907.	522.	14,701.	776.	158,525.	
	(ii)	0.	0.	0.	0.	0.	0.	
LEANN CALLIHAN director of communications and	(i)	224,937.	39,996.	1,889.	36,551.	41,141.	344,514.	
	(ii)	0.	0.	0.	0.	0.	0.	
STACEY GARVIN 5DIRECTOR OF EDUCATION AND MEMB	(i)	228,442.	37,172.	3,265.	16,738.	21,297.	306,914.	
	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
6	(ii)							
	(i)							
7	(ii)							
8	(i)							
	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

JSA

Page 3

Schedule J (Form 990) 2019

## Part III 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 19 **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. AMERICAN ASSOCIATION OF PROFESSIONAL Name of the organization Employer identification number LANDMEN, INC. 75-0975500

FORM 990, PART VI, SECTION A, LINE 4 THE DEFINITION OF LANDWORK WAS REVISED TO INCLUDE REAL PROPERTY ASSOCIATED WITH OR CONNECTED TO ENERGY SOURCES.

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

Schedule O (Form 990 or 990	-EZ) 2019	Page 2
Name of the organization	AMERICAN ASSOCIATION OF PROFESSIONAL	Employer identification number
LANDMEN, INC.		75-0975500

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.

FORM 990, PART VI, SECTION A, LINE 7B THE ELECTION OF OFFICERS SHALL BE BY BALLOT OF THE VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B REVIEW PROCESS:

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

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY: CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM ALL NEW DIRECTORS AND

COMMITTEE CHAIRMAN AT ORIENTATION AND ALL NEW AAPL AND NAPE EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15A COMPENSATION REVIEW:

THE FOLLOWING METHODS ARE USED TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR: FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT AND COMPENSATION SURVEY OR STUDY. PERFORMANCE AND PAY FOR THE EXECUTIVE DIRECTOR ARE REVIEWED ANNUALLY BY THE AAPL FINANCE COMMITTEE AND REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS IN JUNE.

101510B

Name of the organization AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC.

FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION REVIEW: PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE VICE-PRESIDENT IN JUNE OF EACH YEAR FOR OTHER KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF DOCUMENTS:

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 AND AVAILABLE ONLINE TO ALL PAID MEMBERS. AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO ALL MEMBERS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 16B JOINT VENTURE ARRANGEMENT SAFEGAURDS: NAPE EXPO LP IS AN ARRANGEMENT THAT IS SIMILAR TO A JOINT VENTURE. NAPE'S ONLY ACTIVITES ARE TRADE SHOWS WHICH IS AN EXEMPT ACTIVITY UNDER IRC SECTION 513. ALL PARTNERS IN NAPE EXPO LP ARE TAX EXEMPT ORGANIZATIONS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIGITAL 3 PRINTING 2730 N STEMMONS FRWY STE 740 TOWER WEST DALLAS, TX 75207	PRINTING	554,035.
PERSONIFY, INC PO BOX 735327 DALLAS, TX 75373	SOFTWARE ENHANCEMENT	214,409.
SEEK CIO 105 SUNRISE DRIVE COPPELL, TX 75019	PERSONIFY SUPPORT	140,813.

Schedule O (Form 990 or 990-EZ) 2019		Page <b>2</b>
Name of the organization AMERICAN ASSOCIATION OF PROFESSI	ONAL	Employer identification number
LANDMEN, INC.		75-0975500
	Ĩ	ATTACHMENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTOP DESCRIPTION OF SEI	
WEBER SHANDWICK PO BOX 74008263	PUBLIC RELATIONS	115,420.

LUTHER KING CAPITAL MANAGEMENT	INVESTMENT SERVICES	114,300.
301 COMMERCE STREET STE 1600		
FORT WORTH, TX 76102		

CHICAGO, IL 60674

#### 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.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

LANDMEN, INC.

Part I

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

	(a) f applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) NAPE MANAGEMENT, LLC	20-4920726					
800 FOURNIER STREET	FORT WORTH, TX 76102	TRADE SHOWS	TX	22,461.	5,337.	AAPL
(2)						
(3)						
					<u> </u>	
(4)						
					<u> </u>	
(5)						
					<u> </u>	
(6)						
					ł	

Part II

JSA

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) AAPL EDUCATIONAL FOUNDATION, INC. 23-724315	57						
800 FOURNIER STREET FORT WORTH, TX 76102	EDUCATION	TX	501(C)(3)	12A, TYPE 1	AAPL	Х	
(2) LANDMAN SCHOLARSHIP TRUST 23-712214	14						
800 FOURNIER STREET FORT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	12A, TYPE 1	AAPL	x	
(3) NAPE EXPO CHARITIES FUND 81-369520	)8						
800 FOURNIER STREET FORT WORTH, TX 76102	GRANTS	TX	501(C)(3)	10	AAPL	x	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	(I Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	<b>j)</b> eral or aging ther?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) NAPE EXPO, LP 20-4920808												
800 FOURNIER STREET FORT WORTH	TRADE SHOWS	TX	NONE	EXCLUDED FROM TAX	2,268,638.	539,075.		х	56,685.	х		50.5000
(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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(6)								

Schedule R (Form 990) 2019

JSA

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

Schedule R (Form 990) 2019

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	IV, line 34, 35b, or 36.				
Note: (	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Du	ring the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?				
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
	t, grant, or capital contribution to related organization(s)				1b	X X	
	t, grant, or capital contribution from related organization(s)				1c	X	37
	ans or loan guarantees to or for related organization(s)				1d		X X
e Lo	ans or loan guarantees by related organization(s)				1e		
f Di	vidends from related organization(s)				1f		Х
g Sa	le of assets to related organization(s)				1g		X
	rchase of assets from related organization(s)				1h		X
	change of assets with related organization(s).				1i	37	X
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j	X	
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		Х
	rformance of services or membership or fundraising solicitations for related organization(s)				11		X
mΡe	rformance of services or membership or fundraising solicitations by related organization(s)				1m		X
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o Sh	aring of paid employees with related organization(s)				10	Х	
						v	
	imbursement paid to related organization(s) for expenses.				1p	X X	
q Re	imbursement paid by related organization(s) for expenses	• • • • • • • • • • • • • •	•••••		1q	-	
- 0	her transfer of cash or property to related organization(s)				1r		Х
s Ot	her transfer of cash or property from related organization(s)				1s		X
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must complete the	this line, including cove	red relationships and trans	action thre	_	s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete unt invo		ıg
(1) N.	APE EXPO, LP	A	99,157.	FMV			
(0) )			727 000				
(2) N	APE EXPO, LP	0	737,000.	FMV			
(3)							
(4)							
(5)							
(6)							
JSA			Sci	hedule R (	Form	990)	2019
0 = 1 200 1 0							

101510B

Page 3

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.

Na	(a) ame, address, and EIN of entity	y Primary activity (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	d, section total income end- ded 501(c)(3) as ar organizations?		<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		ns? amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership	
				sections 512-514)	Yes	No			Yes	No	( ,	Yes	No	
(1)		_												
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
10)														
(11)														
(12)														
(13)														
(14)														
(15)														
16)														

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page 5

 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2019



## **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.<sup>1</sup> 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.

<sup>&</sup>lt;sup>1</sup> 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 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.

990-T	Ex					rn	OMB No. 1545-0047				
	For cale					20	୬ <b>ଲ 1 0</b>				
tment of the Treasury	i or calci					·····					
al Revenue Service	► Do	•				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
Check box if		Name of organization ( Check bo	ox if nar	me changed and see instruction	ns.)		oyer identification number				
address changed		AMERICAN ASSOCIATION	N OF	PROFESSIONAL		(Empio	oyees' trust, see instructions.)				
empt under section		LANDMEN, INC.				-					
501(C)(6)		Number, street, and room or suite no. I	f a P.O.	. box, see instructions.		75-0975500					
	Туре						ated business activity code nstructions.)				
1			ر ممرا ک			-					
				ir or loreign postal code		5111	20				
end of year	F Gro			•		9111	20				
38,723,974.			,		c) trust	401(a)	trust Other trust				
					·		(or first) unrelated				
	Ũ				, complete Parts I	-V. If mor	e than one, describe the				
rst in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	Schedule M for ea	ch additio	nal				
ade or business, th	en comple	ete Parts III-V.									
			-		controlled group?		► Yes X No				
		, , , , , , , , , , , , , , , , , , , ,	poratio		01	7 0 4 7	8800				
				(A) Income	(B) Exper	ises	(C) Net				
			10								
			3								
			4a								
			4b								
Capital loss dedu	ction for t	rusts	4c								
Income (loss) from a p	artnership o	an S corporation (attach statement)	5	57,246.	ATCH 2		57,246.				
			6								
	-	<b>o</b> ( )									
			-								
				183,875.	80	),175.	103,700.				
			13	241,121.	80	),175.	160,946.				
rt Deduction	ns Not	Taken Elsewhere (See instr		ons for limitations on	deductions.) (I	Deducti	ons must be directly				
			,				1				
						21b					
						22					
							102 702				
							103,700.				
							103,700.				
							57,246.				
	•		-	• •	· -		57,246.				
		lotice, see instructions.	-				Form <b>990-T</b> (2019)				
	Check box if address changed empt under section 501(C)(6) 408(e) 220(e) 408A 530(a) 529(a) ok value of all assets end of year 38,723,974. Inter the number of ade or business her rst in the blank spat ade or business, the uring the tax year, "Yes," enter the na- he books are in care <b>t1 Unrelated</b> Gross receipts or s Less returns and allowa Cost of goods sol Gross profit. Sub Capital gain net in Net gain (loss) (For Capital loss dedu Income (loss) from a p Rent income (Sch Unrelated debt-fir Interest, annuities, roya Investment income of a Exploited exempt Advertising incom Other income (Set <b>Total.</b> Combine lin <b>t11 Deduction</b> Compensation of Salaries and wage Repairs and main Bad debts. Interest (attach set Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess readership Other deductions. <b>Total deductions.</b> <b>Unrelated busine</b> Deduction for net Unrelated busine	Image: Part of the Treasury al Revenue Service       ► Do         Check box if address changed       ► Do         Check box if address changed       Print or Type         408(e)       220(e)         408(e)       20(e)         408(e)       20(e)         408(e)       20(e) </th <th><b>9900-T</b>       Exempt Organization (and proxytax)         For calendar year 2019 or other tax year begin la Revenue Service       Is Co to WW./irs.gov/Form990         I Check box if address changed       Name of organization (] Check to AMERICAN ASSOCIATION LANDHEN, INC.         501 (C) (C) (D) 408(e) 220(e) 408(a) 220(e) 408(a) 220(a) 6 Check organization type I X 5010       Number, street, and room or suite no. I 700 FOUTWORTH, TX 76100         System of the organization type I X 5010       F Group exemption number (See instruct 38, 723, 974)       G Check organization type I X 5010         add or business here I ATCH 1       Fort WORTH, TX 76100         rs in the blank space at the end of the previous sentence, cor ade or business, then complete Parts III-V.       Immet add or business here I ATCH 1         rs in the blank space at the end of the previous sentence, cor ade or business, then complete Parts III-V.       Immet add organization subsidiary in an affilit "yes," enter the name and identifying number of the parent cor he books are in care or AMANDA F. JOHNSON         Cost of goods sold (Schedule A, line 7).       Gross profit. Subtract line 2 from line 1c         Cost of goods sold (Schedule A, line 7).       Capital loss deduction for trusts         Income (loss) from a partnership or an S corporation (attach Form 4797).         Capital loss deduction for trusts       Income (Schedule C).         Interest, annuties, royatites, and rest from a controlled organization (Schedule F)         Interest (attach schedule).</th> <th>990-T       Exempt Organization Businessite and provide tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and the tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and the tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and taken tak</th> <th>990-T       Exempt Organization Business Incomes (and proxy tax under section 6033)         For calendar year 2019 or other tax year beginning</th> <th>YBU-1       (and proxy tax under section 6033(e))         For calendar year 2019 or other tax year beginning07/01, 2019, and ending06/30, 12         * Concenter SN numbers on this form as it may be made public if your organization is a 5010         Check boxit         andress-changed         particular stream         solid (C)         and solid stream         solid (C)         Bo (D FOURNIER STREET         City or two, state or province, complete Parts and II, complete a state or business here &gt; ATCH 1        </th> <th>990-1       Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))         Created urg var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and the set tegining       0/101, 2019, and the set tegining         Core of their super tegining       Decore their super tegining       0/101, 2019, and the set tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegini         Set tegining</th>	<b>9900-T</b> Exempt Organization (and proxytax)         For calendar year 2019 or other tax year begin la Revenue Service       Is Co to WW./irs.gov/Form990         I Check box if address changed       Name of organization (] Check to AMERICAN ASSOCIATION LANDHEN, INC.         501 (C) (C) (D) 408(e) 220(e) 408(a) 220(e) 408(a) 220(a) 6 Check organization type I X 5010       Number, street, and room or suite no. I 700 FOUTWORTH, TX 76100         System of the organization type I X 5010       F Group exemption number (See instruct 38, 723, 974)       G Check organization type I X 5010         add or business here I ATCH 1       Fort WORTH, TX 76100         rs in the blank space at the end of the previous sentence, cor ade or business, then complete Parts III-V.       Immet add or business here I ATCH 1         rs in the blank space at the end of the previous sentence, cor ade or business, then complete Parts III-V.       Immet add organization subsidiary in an affilit "yes," enter the name and identifying number of the parent cor he books are in care or AMANDA F. JOHNSON         Cost of goods sold (Schedule A, line 7).       Gross profit. Subtract line 2 from line 1c         Cost of goods sold (Schedule A, line 7).       Capital loss deduction for trusts         Income (loss) from a partnership or an S corporation (attach Form 4797).         Capital loss deduction for trusts       Income (Schedule C).         Interest, annuties, royatites, and rest from a controlled organization (Schedule F)         Interest (attach schedule).	990-T       Exempt Organization Businessite and provide tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and the tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and the tak year beginning         Imment of the Treasury and Revenue Service       Imment of the Treasury and taken tak	990-T       Exempt Organization Business Incomes (and proxy tax under section 6033)         For calendar year 2019 or other tax year beginning	YBU-1       (and proxy tax under section 6033(e))         For calendar year 2019 or other tax year beginning07/01, 2019, and ending06/30, 12         * Concenter SN numbers on this form as it may be made public if your organization is a 5010         Check boxit         andress-changed         particular stream         solid (C)         and solid stream         solid (C)         Bo (D FOURNIER STREET         City or two, state or province, complete Parts and II, complete a state or business here > ATCH 1	990-1       Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))         Created urg var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and ending       0/6/30, ye 2.0.         Core catendary var 2016 or their super tegining       0/101, 2019, and the set tegining       0/101, 2019, and the set tegining         Core of their super tegining       Decore their super tegining       0/101, 2019, and the set tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegining       0/101, 2019, and tegining         Set tegining       Decore tegining       Decore tegining       Decore tegining       0/101, 2019, and tegining       0/101, 2019, and tegini         Set tegining				

	990-T (2019) AMERICAN ASSOCIATION OF PROFESSIONAL	75-0975500	Page
	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	57,240
33	Amounts paid for disallowed fringes	33	
4	Charitable contributions (see instructions for limitation rules) ATCH. 3	34	5,72
5	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	51,52
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
7	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	51,52
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00
9	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	50,52
Par	t IV Tax Computation		
0	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	10,60
1	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041).	41	
2	Proxy tax. See instructions	42	
3	Alternative minimum tax (trusts only).	43	
1	Tax on Noncompliant Facility Income. See instructions	44	
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	10,60
ar	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)		
e	Total credits. Add lines 46a through 46d	46e	
7	Subtract line 46e from line 45	47	10,60
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
9	Total tax. Add lines 47 and 48 (see instructions)	49	10,60
)	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
c	Tax deposited with Form 8868		
h	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	4	
ē	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 51f		
	Other credits, adjustments, and payments: Form 2439		
э	Form 4136 Total > 51g		
2	Total payments. Add lines 51a through 51g	52	18,89
3	Estimated tax penalty (see instructions). Check if Form 2220 is attached,	53	3
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
4	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	8,25
5	Extended by the amount of line 55 years want: Credited to 2020 estimated tax $> 8,251$ . Refunded >	56	
5 6	Enter the amount of line 55 you want: Credited to 2020 estimated tax >8, 251. Refunded >	56	
5 6 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8,251. Refunded ► t VI Statements Regarding Certain Activities and Other Information (see instructions	5)	Yes N
5 6 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8,251. Refunded ► t VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes N
5 6 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax >8,251. Refunded > <b>Statements Regarding Certain Activities and Other Information</b> (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	other authority ay have to file	Yes 1
5 6 Par	Enter the amount of line 55 you want: Credited to 2020 estimated tax $>8,251$ . <b>Refunded</b> <b>Statements Regarding Certain Activities and Other Information</b> (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	other authority ay have to file	
5 6 Par 7	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ► <b>VI</b> Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ►	s) other authority ay have to file foreign country	x
5 6 Par 7	Enter the amount of line 55 you want: Credited to 2020 estimated tax $>8,251$ . Refunded <b>t VI</b> Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here $>$ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	s) other authority ay have to file foreign country	x
5 6 7 7 8	Enter the amount of line 55 you want: Credited to 2020 estimated tax $> 8$ , 251. Refunded <b>t VI</b> Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here $>$ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file.	s) other authority ay have to file foreign country	x
4 5 6 Par 7 8 9	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ▶ <b>I VI Statements Regarding Certain Activities and Other Information</b> (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶	s) other authority ay have to file foreign country gn trust?	X
5 6 7 7 8 9	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ► <b>VI</b> Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ►  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. 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 be transferred to account (bark the tax payer) is based on all information of which preparer has any knowledge.	s) other authority ay have to file foreign country gn trust?	X X and belief,
5 6 Par 7 8 9	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ► <b>I VI Statements Regarding Certain Activities and Other Information</b> (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	s) other authority ay have to file foreign country gn trust? est of my knowledge y the IRS discuss	and belief,
5 6 Par 7 8 9	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ▶  t VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. 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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	s) other authority ay have to file foreign country gn trust?	and belief, this retu
5 6 Par 7 8 9	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251. Refunded ►  t VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. 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 be fue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True correct and complete concerned preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Digital True correct and complete concerned preparer (other than taxpayer) is based on all information of which pr	s) other authority ay have to file foreign country gn trust? est of my knowledge y the IRS discuss h the preparer sh instructions)? X Ye	and belief, this retu
5 6 Par 7 8 9 <b>Sig</b> r	Enter the amount of line 55 you want:       Credited to 2020 estimated tax ▶8, 251.       Refunded ▶         tVI       Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file.         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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Print/Type preparer's name       Preparer's signature       Date         Preparer's signature       Date       Check	other authority ay have to file foreign country gn trust? est of my knowledge the IRS discuss the preparer sho instructions)? X Ye instructions)? X Ye	and belief, this retu
5 6 Par 7 8 9 Sigr 1er	Enter the amount of line 55 you want:       Credited to 2020 estimated tax ▶8, 251.       Refunded ▶         tVI       Statements Regarding Certain Activities and Other Information (see instructions of ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may finCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file.         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 bott true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Print/Type preparer's name       Preparer's signature         May       EVIN         ENSMINGER       Preparer's signature         Date       Check self-er	s) other authority ay have to file foreign country gn trust? est of my knowledge y the IRS discuss in the preparer sh instructions)? X Ye inf PTIN pD13	X And belief, this retu own belo rs N 10558
5 6 Par 7 8 9 Sigr ler Paid	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶8, 251.       Refunded ▶         tVI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file.         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 but true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Print/Type preparer's name       Preparer's signature       Date         KEVIN ENSMINGER       Preparer's signature       Date       Check self-er         Firm's name       BKD, LLP       Firm's name       BKD, LLP       Firm's name	other authority ay have to file foreign country gn trust? est of my knowledge the IRS discuss the preparer sho instructions)? X Ye instructions)? X Ye	X and belief, this retu own belo is N 10558 0260

AMERICAN	ASSOCIATION	OF	PROFESSIONAL
ANDICLOAN	ADDOCTATION	OT.	T KOL BOOTONAD

75-0975500

Form	990-T (2019)										I	Page 3
Sch	edule A - Cost of Go	ods Sol	<b>d.</b> Enter met	hod of invent	tory va	luation	▶					
1	Inventory at beginning of ye	ar <b>1</b>			<b>6</b> Ir	nventory a	at end of yea	ar	6			
2	Purchases 2					ld. Subtract line						
3	Cost of labor	. 3			6	from lin	ne 5. Enter	here and in Part				
4a	Additional section 263A cos	sts			I,	line 2			7			
	(attach schedule)	4a			<b>8</b> D	o the	rules of	section 263A (w	vith re	espect to	Yes	No
b	Other costs (attach schedule	e) <b>4b</b>			р	roperty	produced	or acquired for	resa	le) apply		
	Total. Add lines 1 through 4	-			to	o the orga	anization?					Х
Sch	edule C - Rent Income	(From Re	eal Property	y and Perso	onal Pr	roperty	Leased V	Vith Real Prope	rty)			
(see	e instructions)											
1. De	scription of property											
(1)	•											
(2)												
(3)												
(4)												
		2. Rent	received or ac	crued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent for 50% or if the rent is			for person	nal property	exceeds	3(a) Deductions di in columns 2(				ome		
(1)												
(2)												
(3)												
(4)												
Total			Total									
(c) T (	otal income. Add totals of col and on page 1, Part I, line 6,							(b) Total deduction Enter here and or Part I, line 6, colur	n page 1			
	edule E - Unrelated De			(see instruct	tions)							
	1. Description of debt	-financed pro	perty	2. Gross allocable	s income			Deductions directly con debt-financ	ed prope	erty		
					property	linianoou		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)												
(2)												
(3)												
(4)												
allocable to debt-financed debt-financed property		. Column 4 divided 7 column			s income reportable nn 2 x column 6) 3(a) and 3(b))							
(1)						%						
(2)						%						
(3)						%						
(4)						%						
							Enter her Part I, lin	e and on page 1, ne 7, column (A).		er here and c t I, line 7, co		
	s dividends-received deductio					▶l				Form 9	90-T	(2010)

Form **990-T** (2019)

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500 Page **4** 

Schedule F – Interest, Ann	uities, Royalties	s, and I	Rents I	From Contro	lled O	rganizat	i <b>ons</b> (se	e instructi	ions)	
		E	xempt	Controlled Org	ganizatio	ons				
1. Name of controlled organization	2. Employer identification numb		3. Net un	nrelated income ee instructions)	4. Total	of specified Ints made	included			6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
	8. Net unrelated in	come		9. Total of specifie	h		rt of column			. Deductions directly
7. Taxable Income	(loss) (see instruc			payments made			ed in the co ation's gros		con	nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals Schedule G-Investment Ir	ncome of a Sec	tion 5	01(c)(7	7), (9), or (17	► ) Orga	Enter Part I	columns 5 a here and on , line 8, colu I (see insi	page 1, mn (A).	Ente	d columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduc directly con (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Exe	mpt Activity In	come,	Other <sup>·</sup>	Than Adverti	sing Ir	ncome (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Ex dir conne produ unr	penses rectly cted with uction of related ss income	4. Net incom from unrelat or business 2 minus col If a gain, co	ne (loss) ed trade (column umn 3). ompute	5. Gros from ac is not u	s income tivity that unrelated s income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and o 1, Part I, ), col. (B).			<u> </u>		1		Enter here and on page 1, Part II, line 25.
Schedule J-Advertising In	come (see instr	uctions)								
Part I Income From Per	,	,	a Cons	solidated Bas	is					
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advert gain or (los 2 minus co a gain, cor cols. 5 thro	s) (col. I. 3). If npute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
$(1)_{\text{SALE OF ADS IN EXEMPT ORG. PUB}}$	183,875.	8	80,175.			9	93,350.	244	,512.	
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	183,875.	8	30,175	5. 103	,700.	9	3,350.	244	,512	. 103,700.

Form 990-T (2019)

(3)

(4)

Part II Income From Per 2 through 7 on a			r <b>ate Basis</b> (For e	each periodica	I listed in Part I	, fill in columns
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	183,875.	80,175.				103,700.
	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 26.
Totals, Part II (lines 1-5)	183,875.	80,175.				103,700.
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2	Title	3. Percent of 4. Componention		
(1)				%		
(2)				%		

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

%

%

ATTACHMENT 1

#### ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SALE OF ADS IN EXEMPT ORG. PUBLICATIONS

2699NU A87C 5/21/2021 2:59:05 PM V 19-8.5F 101510B

\_\_\_\_

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME	(LOSS) FROM PARTNERSHIPS	OR S CORPORATIONS
NAPE EXPO ADVERTISING		57,246.
INCOME (LOSS) FROM PAR	TNERSHIPS	57,246.

ATTACHMENT 3

## FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD CHARITABLE CONTRIBUTION LIMITATION (10%)	160,946. 0. 103,700. * 10% 5,725.
CHARITABLE CONTRIBUTION	28,539.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	5,725.

2699NU A87C	5/21/2021	2:59:05 PM V 19-8.5F	101510B	PAGE 53
-------------	-----------	----------------------	---------	---------