

Public Disclosure for Tax-Exempt Organizations

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

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

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

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

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

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

Local or Subordinate Organizations

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

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

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

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

What if the Requests Are a Form of Harassment?

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

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

BKD TAX506 9-11

Public Disclosure Rules

LANDMAN SCHOLARSHIP TRUST FORM 990 TAX YEAR 2019





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

Landman Scholarship Trust 800 Fournier St. Fort Worth, TX 76102

Enclosed are the following income tax returns prepared on behalf of Landman Scholarship Trust 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

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.

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,





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

Landman Scholarship Trust
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.

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.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

, **20**_20 For calendar year 2019, or fiscal year beginning $\frac{07/01}{}$, 2019, and ending $\frac{06/30}{}$ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization 23-7122144 LANDMAN SCHOLARSHIP TRUST Name and title of officer DR. GRETA ZEIMETZ, EXECUTIVE VP OF AAPL Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12), . . . 1b Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here Form 8868 check here **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 2 6 1 0 lauthorize BKD, LLP to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 3 8 0 4 4 0 1 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 6/15/2021 Date -ERO's signature > **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-EO (2019) For Paperwork Reduction Act Notice, see back of form.

1178931

OMB No. 1545-1878

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

| Inter | nal Reve | enue Servi | ce | | ▶ Information | about Form 990 a | nd its | instruction | s is at и | ww.irs.go | v/form | 990. | | | Inspecti | ion |
|-----------------------------|-----------------|------------|--|----------------------|----------------------|--------------------------|-----------------|------------------|-----------|--------------|-------------------|---|----------|------------|--------------|-------------|
| A I | or th | ne 2019 | cale | ndar year, or | tax year begi | nning | 07/ | 01, 201 9 | , and e | ending | | | 06 | /30,2 | 20 20 | |
| | | ſ | C Nam | e of organization | | | | | | | D E | Employer ide | entific | ation nu | mber | |
| В | Check if ap | pplicable: | LA | NDMAN SCHO | LARSHIP T | RUST | | | | | | | | | | |
| | Addre | | Doin | g Business As | | | | | | | \exists 2 | 23-7122 | 2144 | 1 | | |
| | 7 | e change | | | P.O. box if mail is | not delivered to street | address | 3) | Room/s | suite | ET | Telephone nu | umbe | r | | |
| | + | l return | 80 | 0 FOURNIE | ST. | | | | | | (8) | 17) 84 | 7 – 7 | 700 | | |
| H | + | inated | | | | and ZIP or foreign post | al code | | | | + (- (| | | | | |
| \vdash | Amer | | | RT WORTH, | | | | | | | ا ۾ | Gross receipt | ite \$ | 1 | ,800 | 426 |
| | returr Appli | | | e and address of | | DR. GRETA | ZET | METZ | | | | Is this a grou | | | Yes | XN |
| | pendi | ing | | | | T WORTH, TX | | | | | ` ′ | subordinates | ? | - | Yes | N N |
| _ | Toy ov | empt sta | | X 501(c)(3) | | | 701 | | | 507 | — ^{H(B)} | H(b) Are all subordinates included? Yes If "No," attach a list. (see instructions) | | | | |
| ÷ | | | | LANDMAN.OI | 501(c) (|) 		 (insert no.) | | 4947(a)(1) | or | 527 | ⊢、 | | | | | |
| | | | | | | | | | | | | Group exemp | | | | |
| - | | | | X Corporation | Trust | Association Ot | her > | | L. | Year of form | ation: - | 1994 м | State | of legal d | omicile: | TX |
| Р | art I | | nmary | · | | | | DD 01117 | D | | | | | | | |
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| Governance | | | | | | IN THE FIELD | | | | | | | | | | |
| Ş. | 2 | | | | U | discontinued its ope | | | | | | | s. | | | |
| õ | 3 | | | | | g body (Part VI, line 1 | | | | | | | 3 | | | 12. |
| οδ (γ | 4 | | | | | the governing body | | | | | | | 4 | | | 11. |
| ij | 5 | Total n | umbe | r of individuals | employed in cal | endar year 2019 (Pa | ırt V, liı | ne 2a) | | | | | 5 | | | 0 . |
| Activities & | 6 | Total n | umbe | r of volunteers (| estimate if neces | ssary) | | | | | | | 6 | | | 13. |
| ĕ | 7a | Total u | nrelat | ed business rev | enue from Part \ | /III, column (C), line | 12 | | | | | | 7a | | | (|
| | | | | | | Form 990-T, line 34 | | | | | | | 7b | | | (|
| | | | | | | | | | | | Pri | or Year | | Cu | rrent Y | ear |
| a) | 8 | Contrib | outions | and grants (Pa | rt VIII, line 1h) | | | | | \neg | | 2,40 | 0. | | | 5,930 |
| Revenue | 9 | Progra | m ser | vice revenue (Pa | rt VIII, line 2g) | | | | Y FOR | | | | 0. | | | (|
| eve | 10 | Investr | nent ii | ncome (Part VII | I, column (A), lin | es 3, 4, and 7d) | | PUBLIC II | NSPECT | TION | | 636,30 |)6. | | 65 | 5,224 |
| œ | 11 | | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | 0. | | | (| | |
| | 12 | | | | | t equal Part VIII, col | | | | | | 638,70 |)6. | | 7. | 1,154 |
| | 13 | | | | | lumn (A), lines 1-3) | | | | | | 244,74 | 14. | | 214 | 4,375 |
| | 14 | | | | | umn (A), line 4) | | | | | | 0. | | | | |
| " | 4.5 | | | | | efits (Part IX, colum | | | | | | | 0. | | | |
| Expenses | 16a | | | | | n (A), line 11e) | | | | | | | 0. | | | |
| ber | h | Total f | ındrai | sing expenses (| Part IX column | ·-· · · · · · · · | | (| ` | | | | | | | |
| ñ | 17 | | | | | 1a-11d, 11f-24e) | | | | | | 77,45 | 57. | | 7. | 7,138 |
| | 18 | Total | vnane | es Add lines 1 | 8-17 (must paus | l Part IX, column (A) | line 3 | 25) | | | | 322,20 | | | | 1,513 |
| | 19 | | | | | m line 12 | | | | | | 316,50 | _ | | | 0,359 |
| or | _ | ICCVCII | uc 103 | з схрензез. Он | otract line 10 moi | IT IIII C 12 | | | | | innina d | of Current Y | _ | Er | nd of Yea | |
| Net Assets or Fund Balances | 20 | Total | ccotc | (Part V line 16) | | | | | | | | 811,98 | | | 7,770 | |
| Asse | 21 | | | es (Part X, line 16) | | | | | | | - ' ' | 17,01 | _ | | | 7,500 |
| nd/ | 22 | | | | | | | | | • • • | 7 | 794,97 | | - 1 | 7,763 | |
| | irt II | | | e Block | . Subtract line 2 | 1 from line 20 | | <u></u> | | | ′ ′ | 124,21 | <u> </u> | | 7,702 | ,,100 |
| | | | | | have examined th | nis return, including a | compo | nvina schod | uloc and | ctatamanta | and to | the best of | f my | knowloda | | oliof it i |
| | | | | | | n officer) is based on a | | | | | | | illy i | Chowleag | e and be | ellei, it i |
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| Sig | ın | 7 | Signatu | re of officer | | | | | | | | Date | | | | |
| He | | | zigilaiu | no or omoer | | | | | | | | Date | | | | |
| | | : | | print name and tit | la . | | | | | | | | | | | |
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| Pai | d | | | eparer's name | | Preparer's signature | | | Date | | | Check | 」" | PTIN | | |
| | parer | KEVI | .N] | ENSMINGER | | 1 Toni E | 0 | | 6/ | 15/2021 | | self-employe | | P0131 | | |
| | Only | Firm's | | ▶ BKD, L | | | | | | | Firm' | | | 01602 | | |
| | | Firm's | addres | s ► 777 MAIN | STREET, SUITE | 2000 FORT WORTH, | TX 76 | 102 | | | Phor | ne no. | 817 | .332. | 2301 | |

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

No

X Yes

Page 2 Form 990 (2019)

| Га | 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: | | | | | | | | | | |
| | PROVIDE SCHOLARSHIPS FOR THE BENEFIT AND ASSISTANCE OF QUALIFIED | | | | | | | | | | |
| | STUDENTS OF ACCREDITED COLLEGES, UNIVERSITIES, AND OTHER INSTITUTIONS | | | | | | | | | | |
| | OF HIGHER LEARNING, WHICH STUDENTS DESIRE TO OBTAIN EDUCATION AND TRAINING IN THE FIELD OF NATURAL RESOURCES MANAGEMENT. | | | | | | | | | | |
| | | | | | | | | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | | |
| | Describe the organization's program service accomplishments for each of its three largest program service 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. | | | | | | | | | | |
| | a (Code:) (Expenses \$ |) | | | | | | | | | |
| | SCHOLARSHIP GRANTS TO STUDENTS ATTENDING COLLEGES WHICH OFFER AN | | | | | | | | | | |
| | ACCREDITED CURRICULUM IN PETROLEUM OR MINERALS LAND MANAGEMENT. | | | | | | | | | | |
| | GRANTS ARE BASED ON STUDENTS' ACADEMIC RECORD, SCHOOL | | | | | | | | | | |
| | PARTICIPATION AND PERSONAL INTERVIEW. DURING THE FISCAL YEAR, 60 | | | | | | | | | | |
| | SCHOLARSHIPS WERE FURNISHED TO 11 MAJOR UNIVERSITIES OR COLLEGES | | | | | | | | | | |
| | FOR DISBURSEMENT. ALSO PROVIDE AAPL MEMBERSHIPS TO STUDENTS AND ASSOCIATE MEMBERS. DURING THE FISCAL YEAR, 447 MEMBERSHIPS WERE | | | | | | | | | | |
| | PROVIDED TO AAPL. | | | | | | | | | | |
| | PROVIDED TO AAPE. | | | | | | | | | | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) | | | | | | | | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) | | | | | | | | | |
| | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |

| 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," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| - | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | Ė | | |
| • | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| _ | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | X |
| 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 | | | 3.5 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | Х |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| 1 | 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 | | Х |
| 120 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 111 | | 21 |
| 12 a | Schedule D, Parts XI and XII. | 122 | | Х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | | |
| b | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| - | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 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 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| _ | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | 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 | | Х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Λ | 1 |

| Part | Checklist of Required Schedules (continued) | | V | NI. |
|--------|---|-----|-----|---------------|
| 22 | Did the argenization report more than \$5,000 of grants or other againtance 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? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | | | |
| | 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 | | Х |
| 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? | | | v |
| 00 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 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? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i> | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20 | | - 21 |
| 21 | 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 | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in 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 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Λ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 22 | | Х |
| 33 | complete Schedule N, Part II | 32 | | Λ |
| 33 | 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, | 33 | | |
| 04 | 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 | Х | |
| | 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 | | Х |
| 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 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | . N. |
| 4 - | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| U | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| JSA | | | 990 | (2019) |
| 9E1030 | 2.000 2691NU A87C 6/2/2021 3:14:23 PM V 19-8.5F 1178931 | | | (2010) AGE |
| | | | | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|--|------------|-----|----|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | 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 |
| h | 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? | 5с | | |
| | 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). | | | |
| | 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | 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 | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | 21 |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 140 | | |
| 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 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 16 | If "Yes," complete Form 4720, Schedule O. | | | _ |
| | | | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

Page 6

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of | | | | | tions. |
|-------|--|--------|------------|---------------|--------|--------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | |
| Sect | ion A. Governing Body and Management | | | | | |
| | ı | 1 | 1.0 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | | | |
| | 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. | | 11 | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent L | 1b | 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business rela | ations | hip with | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or uncontrol over management duties are control over management duties. | der tl | ne direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other per | erson | ? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was file | ed? | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | ssets | ? | 5 | | Х |
| 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 ele | ct or | appoint | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by | y) n | nembers, | | | |
| | stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions unde | | | | | |
| | the year by the following: | | Ü | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I | | | | | |
| _ | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inter | rnal i | Revenue | Code | .) | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of s | | | | | |
| ~ | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | • | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill | • | | 11a | Х | |
| b | | ng un | 7101111: 1 | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | | Х |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests the | | | | | |
| b | rise to conflicts? | iai ci | Julu give | 12b | | |
| _ | Did the organization regularly and consistently monitor and enforce compliance with the po | licv2 | If "Voc." | | | |
| C | describe in Schedule O how this was done | • | • | 12c | | |
| 12 | Did the organization have a written whistleblower policy? | | | 13 | | Х |
| 13 | | | | 14 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and | | - | | | |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | 15a | | Х |
| a | The organization's CEO, Executive Director, or top management official | | | 15b | | X |
| b | Other officers or key employees of the organization | | | 130 | | |
| | 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 | | - | 16a | | Х |
| - | with a taxable entity during the year? | | | ıva | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | 406 | | |
| Cont | organization's exempt status with respect to such arrangements? | | | 16b | | |
| | 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), (3)s only) available for public inspection. Indicate how you made these available. Check all that app X Own website Another's website X Upon request Other (explain on Sch | ly. | | (Sec | tion 5 | 601(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing docum | ents | conflict o | f inter | est r | olicv |
| - | 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 beamand Johnson 800 Fournier St. Fort worth, TX 76102 | ooks | and record | s > | | |

Form **990** (2019)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|----------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--------------------------------------|---|---|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations | |
| (1) MELANIE BELL (PARTIAL YEAR) | 2.00 | | | | | | | | | | |
| AAPL EXECUTIVE VICE PRESIDENT | 42.00 | | | Х | | | | 0. | 344,361. | 52,889. | |
| (2) STACEY GARVIN | 5.00 | | | | | | | | | | |
| DIRECTOR OF EDUCATION AND MEMB | 40.00 | Х | | | | | | 0. | 268,879. | 38,035. | |
| (3) AMANDA JOHNSON | 2.00 | | | | | | | | | | |
| CHIEF ACCOUNTING OFFICER | 42.00 | | | Х | | | | 0. | 134,758. | 17,709 | |
| (4) GRETA ZEIMETZ (PARTIAL YEAR) | 2.00 | | | | | | | | | | |
| AAPL EXECUTIVE VICE PRESIDENT | 42.00 | | | X | | | | 0. | 57,839. | 4,575 | |
| (5) ANTHONY J. ROMEO | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (6) AUSTIN S. BREWER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (7) CRANFORD NEWELL | 2.00 | | | | | | | | | | |
| CHAIRMAN EMERITUS | 0. | X | | | | | | 0. | 0. | 0 | |
| (8) HAMEL B. REINMILLER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (9) JEFF NIEMEYER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (10) JULIE WOODARD | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (11) KELLY KESSLER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (12) LINDSAY SPOONER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (13) MONA ABLES | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (14) STEFAN THOMAS KEPLINGER | 2.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |

Form **990** (2019)

JSA

| Part VII Section A. Officers, Directors, Tru | ıstees. Ke | v Em | olar | vee | es. | and I | lia | hest Compensat | ed Emplo | vees (c | Page (|
|--|---|--------------------------------|-----------------------|----------------------|---------------|---------------------------------|-------------|----------------------------------|---|--------------|--|
| (A) | (B) | | .р.с | | C) | <u> </u> | 9 | (D) | (E) | | (F) |
| Name and title | Average hours per week (list any hours for | box, office | unles | Pos neck ss pe | ition more | e than o is both or/trust | an ee) | Reportable compensation from the | Reporta compensati relate organiza | on from d | Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | I . | from the organization and related organizations |
| 15) TRINIDAD "TRINI" HERNANDEZ TRUSTEE | 2.00 | Х | | | | | | 0 | | 0. | |
| 16) WENDY G. DALTON CHAIRMAN | 3.00 | Х | | Х | | | | 0 | | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-total | | | | | | | <u> </u> | 0. | 805 | ,837. | 113,208 |
| c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) | ection A | | | | | | > | 0. | 805 | 0. | 0 113,208 |
| 2 Total number of individuals (including but not reportable compensation from the organization | limited to t | | liste | | | | o re | eceived more than | \$100,000 | of | |
| Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greated individual. | eater than | \$15 | 0,0 | 00? | . If | "Yes | s," | | | | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes | accrue co | mpen | satio | on f | fron | n any | un | | | | 5 X |
| Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | |
| (A) Name and business add | Iress | | | | | | | (B) Description of se | rvices | C | (C) ompensation |

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Part VIII Statement of Revenue

| | | Check if Schedule O contains a res | sponse or note to ar | ny line in this Part V | /III | | |
|--|----------------|---|----------------------|------------------------|--|--------------------------------------|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts | 1a | Federated campaigns 1 | a | | | | |
| and and | b | . • | b | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | С | · | С | | | | |
| fts | d | | d 2,430. | | | | |
| ច្ច≣្ច | e | | e | | | | |
| ns, | f | All other contributions, gifts, grants, | | | | | |
| ë ë | | and similar amounts not included above . 1 | f 3,500. | | | | |
| 혈 | g | Noncash contributions included in | 373001 | | | | |
| 할 | 9 | | g \$ | | | | |
| a Se | h | Total. Add lines 1a-1f | | 5,930. | | | |
| | | Total Add into ta in 1 1 1 1 1 1 1 1 1 1 1 | Business Code | | | | |
| 9 | 20 | | | | | | |
| Ξ̈́ | 2a | | _ | | | | |
| Se | b | | _ | | | | |
| am | C | | | | | | |
| P. P. G. | d | | | | | | |
| Program Service Revenue | e f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 0. | | | |
| | 3 | Investment income (including dividen | | | | | |
| | | other similar amounts) | | 130,539. | | | 130,539. |
| | 4 | Income from investment of tax-exempt b | | 0. | | | |
| | 5 | Royalties | • | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from (i) Securities | | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 1,663,9 | 57. | | | | |
| ē | b | Less: cost or other basis | | | | | |
| evenue | | and sales expenses 7b 1,729,2 | 72. | | | | |
| ě | С | Gain or (loss) 7c -65,3 | 15. | | | | |
| <u>ج</u> 8 | d | Net gain or (loss) | <u></u> | -65,315. | | | -65,315. |
| Other | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 8a 0. | | | | |
| | b | Less: direct expenses | 8b 0. | | | | |
| | С | Net income or (loss) from fundraising even | ents | 0. | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 | 9a 0. | | | | |
| | b | Less: direct expenses | 9b 0. | | | | |
| | С | Net income or (loss) from gaming activity | ies ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | b | | 0b 0. | | | | |
| | С | Net income or (loss) from sales of inventor | | 0. | | | |
| sne | | | Business Code | | | | |
| nec | 11a | | | | | | |
| Miscellaneous Revenue | b | | | | | | |
| Sce | C | All other revenue | | | | | |
| Ē | d | All other revenue | | 0. | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d Total revenue. See instructions | | 71,154. | | | 65,224. |
| | | . Starreterius. Occ monuciono | | 11,134. | | 1 | 1 05,444. |

23-7122144

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a resp | onse or note to any lin | e in this Part IX | | |
|----|---|------------------------------|------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 214,375. | 214,375. | | |
| 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 | 0. | | | |
| 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 | 0. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 | Other employee benefits | 0. | | | |
| 10 | Payroll taxes | 0. | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | ı Management | 0. | | | |
| k | Legal | 0. | | E E10 | |
| C | Accounting | 7,712. | | 7,712. | |
| C | Lobbying | 0. | | | |
| | Professional fundraising services. See Part IV, line 17. | 0. | | 24 047 | |
| 1 | f Investment management fees | 34,847. | | 34,847. | |
| ç | Other. (If line 11g amount exceeds 10% of line 25, column | 0. | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0. | | | |
| | Advertising and promotion | 1,384. | | 1,384. | |
| 13 | | 2,430. | 2,430. | 1,304. | |
| 14 | Information technology | 0. | 2,130. | | |
| 15 | | 0. | | | |
| 16 | . , | 0. | | | |
| | Travel Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 22,369. | 13,695. | 8,674. | |
| | Interest | 0. | · | | |
| | Payments to affiliates | 0. | | | |
| | Depreciation, depletion, and amortization | 0. | | | |
| | Insurance | 0. | | | |
| | 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.) | | | | |
| a | TRUSTEE/DIRECTOR REIMBURSEME | 6,968. | 6,968. | | |
| k | BANK FEES | 1,428. | | 1,428. | |
| c | : | | | | |
| c | l | | | | |
| e | All other expenses | 201 = 1 | | | |
| | Total functional expenses. Add lines 1 through 24e | 291,513. | 237,468. | 54,045. | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 0. | | | |
| | | | | | |

Part X Balance Sheet

| | Beginning of year | | End of year |
|---|---|--|--------------------------|
| Cash - non-interest-bearing | 66,916. | 1 | 103,840. |
| Savings and temporary cash investments | 0. | 2 | 0 |
| Pledges and grants receivable, net | 0. | 3 | 0 |
| | 0. | 4 | 0 |
| | | | |
| | | | |
| | 0. | 5 | 0 |
| | | | |
| | 0. | 6 | 0 |
| | 0. | 7 | 0 |
| | 0. | 8 | 0 |
| | 0. | 9 | 0 |
| | | | |
| | | | |
| · | 0. | 10c | 0 |
| | | | 7,667,150 |
| | 0. | | 0 |
| | 0. | | 0 |
| | 0. | | 0 |
| | 810. | | 0 |
| | | | 7,770,990 |
| | | | 7,500 |
| | | | . 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | 21 | _ |
| | | | |
| | 0. | 22 | 0 |
| | | | 0 |
| | | | 0 |
| | | 24 | |
| , , , | | | |
| | 2.014 | 25 | 0 |
| Total liabilities Add lines 17 through 25 | | | 7,500 |
| | 17,017. | 26 | 7,300 |
| and complete lines 27, 28, 32, and 33. | | | |
| | | 27 | 7,738,490 |
| | 25,000. | 28 | 25,000 |
| Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. | | | |
| Capital stock or trust principal, or current funds | | 29 | |
| | | | |
| | | | |
| Total net assets or fund balances | 7,794,970. | 32 | 7,763,490 |
| Total liabilities and net assets/fund balances | 7,811,987. | 33 | 7,770,990. |
| | Accounts receivable, net. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. Less: accumulated depreciation. Investments - publicly traded securities. Investments - program-related. See Part IV, line 11. Investments - program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses. Grants payable Deferred revenue, Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other 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. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Retained earnings, endowment, accumulated income, or other funds. | Accounts receivable, net. 0. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 0. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. Notes and loans receivable, net . 0. Inventories for sale or use . 0. Prepaid expenses and deferred charges . 0. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . 10a | Accounts receivable, net |

Page **12** Form 990 (2019)

| Part | XI Reconciliation of Net Assets | | | | | |
|------|--|---------|------|-----|--------------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 71,1 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 91,5 20,3 | |
| 3 | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 94,9 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 1 | 88,8 | 379. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain 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)) | 10 | | 7,7 | 63,4 | 190. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplair | ı in | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersigh | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | nt?. | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | xplain | on | | | |
| | Schedule O. | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in | the | | | |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | _ | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits . | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

| LAI | NDMA | AN SCHOLARSHIP TRUS | Γ | | | | 23-712214 | 44 |
|------------|--------|---|----------------------|--|-------------------|-----------------------|-------------------------|----------------------------------|
| Pa | rt I | Reason for Public Cha | rity Status (All o | rganizations must o | omplete | e this pa | art.) See instructions | |
| The | orga | nization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associat | tion of churches descr | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90 or 990 |)-EZ).) | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) | (1)(A)(iii). | |
| 4 | \Box | A medical research organiz | zation operated in | conjunction with a hos | spital des | scribed ir | section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's name, city, and st | tate: | | | | | |
| 5 | | An organization operated t | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ntal unit described in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | _ | | - | | |
| 6 | | A federal, state, or local go | | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | П | An organization that norma | • | | | • | , , , , , , , | om the general public |
| | | described in section 170(b) | - | • | • • | J | | 5 1 |
| 8 | | A community trust describe | | | Part II.) | | | |
| 9 | П | An agricultural research org | | | | | I in conjunction with a | land-grant college |
| | | or university or a non-land- | = | | | - | | |
| | | university: | 9 | , | -, | | ., ., , , | |
| 10 | | An organization that norma | Ilv receives: (1) mo | ore than 331/3 % of its | support | from co | ntributions membersh | nin fees, and gross |
| . • | | receipts from activities rela | ted to its exempt f | unctions - subject to | certain e | xception | s. and (2) no more that | n 331/3% of its |
| | | support from gross investmacquired by the organizatio | nent income and ui | nrelated business tax | able inco | me (less | s section 511 tax) from | businesses |
| 11 | | An organization organized | | | | | | |
| 12 | Х | An organization organized | • | • | • | | , ,, , | arry out the purposes |
| | ш | of one or more publicly su | • | | | | | |
| | | Check the box in lines 12a t | · · | | | | | |
| а | 2 | Type I. A supporting orga | = | 7.7 | | - | · · | = |
| - | | the supported organization | • | • | | | • , , , | |
| | | supporting organization. | | | | ۵,0, ۵. | | 00 00 |
| b | | Type II. A supporting org | • | | | with its | supported organization | on(s) by having |
| | | control or management of | • | | | | | · · · · · - |
| | | organization(s). You must | | - | tilo odili | o pordor | io triat control of man | ago ino supportou |
| С | | Type III functionally integ | • | | ited in co | onnectio | n with and functional | ly integrated with |
| · | | _ its supported organization | | | | | | iy intogratou witii, |
| d | | Type III non-functionally | | | | | | ted organization(s) |
| u | | that is not functionally into | • | | • | | • • • | • , |
| | | _ requirement (see instruct | - | - · · · · · · · · · · · · · · · · · · · | - | | • | an attentiveness |
| е | | Check this box if the orga | • | = | | | | I Type III |
| · | | functionally integrated, or | | | | | ••• | i, 1900 iii |
| f | Ent | er the number of supported | • • | | , , , , , | , gainzai | | |
| g | | vide the following information | _ | | | | | |
| | | ame of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see | other support (see instructions) |
| I | ATTA | CHMENT 1 | | above (see instructions)) | Yes | No | instructions) | iristi uctions) |
| /A\ | | | | | | | | |
| (A) —— | | | | | | | | |
| (B) | | | | | | | | |
| (<u> </u> | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| Tota | al . | | | | | | | |
| Ota | ai | | | | | | 10,995. | |

Page 2 Schedule A (Form 990 or 990-EZ) 2019

| Par | Support Schedule for Orga (Complete only if you checke Part III. If the organization fai | d the box on | line 5, 7, or 8 | of Part I or if t | he organization | on failed to qua | |
|----------|--|---------------------------------------|------------------|-------------------|-------------------|-------------------|-----------|
| Sec | tion A. Public Support | , , , , , , , , , , , , , , , , , , , | | ,, | | , | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | | | T | T | | T |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2019 (li | | | | | | <u>%</u> |
| 15 | Public support percentage from 2018 | | | | | | <u>%</u> |
| 16a | 331/3% support test - 2019. If the organization of | - | | | | | |
| L | box and stop here. The organization q | | | - | | | |
| D | 331/3% support test - 2018. If the organization | = | | | | | |
| 17~ | this box and stop here . The organization 10%-facts-and-circumstances test - 2 | • | | - | | | |
| 17a | | | | | | | |
| | 10% or more, and if the organization Part VI how the organization meets t | he "facts-and- | circumstances" t | est. The organ | ization qualifies | s as a publicly s | • |
| | organization | | | | | | and line |
| b | 10%-facts-and-circumstances test - 2 | | • | | | | |
| | 15 is 10% or more, and if the organization in Part VI how the organization | | | | | | |
| | Explain in Part VI how the organizati supported organization | | | | | | |
| 18 | Private foundation. If the organization instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

Page 3 Schedule A (Form 990 or 990-EZ) 2019

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | , p.0000 00 | | ··· <i>,</i> | |
|------------------|---|-----------------|-----------------|-------------------|---|-----------------|-------------|
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | 1,7,5,5 | ,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (., | () |
| • | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| 3 | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | 1 | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| /a | Amounts included on lines 1, 2, and 3 | | | | | | |
| h | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| J | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | + |
| | Add lines 7a and 7b | | | | | | |
| 8 | | | | | | | |
| 500 | tion P. Total Support | | | | | | |
| | tion B. Total Support | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2010 | (6) 2017 | (u) 2010 | (e) 2019 | (i) iotai |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| _ | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | + | - |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 12 | (Explain in Part VI.) | | | | | | + |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 46 ' | | and Alexand C. C. | 6:61 | | - 504(-)(0) |
| 14 | First five years. If the Form 990 is f | ŭ | • | | • | | ` ` ` ` |
| S | organization, check this box and stop here | | | | | | |
| <u>5ec</u> 15 | tion C. Computation of Public Suppose Public support percentage for 2019 (line 8) | | | umn (f\) | | 45 | 0/ |
| | | | | | | 15 | % |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | 401 (0) | | 47 | <u>^</u> |
| 17 | Investment income percentage for 2019 (lin | | • | | | | % |
| 18 | Investment income percentage from 2018 | | | | | • | <u>%</u> |
| 19 a | 331/3% support tests - 2019. If the or | - | | | | | |
| _ | 17 is not more than 331/3%, check th | | | • | | | |
| b | 331/3% support tests - 2018. If the organization | | | | | | |
| | line 18 is not more than 331/3%, check | | - | • | | | . — |
| 20 | Private foundation If the organization of | THE DOT CHECK ! | a nox on line 1 | ⊿ iya ∩riiyh | CHECK THIS HO | and see instrii | cuone 🖚 l |

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | res | NO |
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Page 5 Schedule A (Form 990 or 990-EZ) 2019

| Part | Supporting Organizations (continued) | | | - 5 |
|------------------|--|-------|------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | Х |
| b | A family member of a person described in (a) above? | 11b | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | X | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | Х |
| Secti | on C. Type II Supporting Organizations | | | |
| 30011 | on or type it supporting organizations | | Yes | Nο |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | ŕ | |
| C | The organization supported a governmental entity. Describe in Fall vi now you supported a government entity (see | แเงแน | Yes | |
| 2 | Activities Test. Answer (a) and (b) below. | | . 55 | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these | O.L. | | |
| _ | activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| , | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | s | |
|--|-----------|--------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | a trust o | n Nov. 20, 1970 (expla | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organization | - | | • |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | y integra | ated Type III supporting | g organization (see |
| instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Secti | on D - Distributions | Current Year | | |
|-------|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | kempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| - | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| • | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| - | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| C | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| e | Excess from 2019 | | | |
| • | LACCOC 110111 LOTO | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART IV, SECTION A, LINE 3B

THE TRUST OBTAINED THE SUPPORTED ORGANIZATION'S IRS DETERMINATION LETTER AND REVIEWED THE SUPPORTED ORGANIZATION'S PRO FORMA SCHEDULE A, PART III FOR THE MOST RECENT TAX YEAR.

SCHEDULE A, PART IV, SECTION A, LINE 3C

THE TRUST PROVIDES SCHOLARSHIP AWARDS FOR THE USE OF THE INDIVIDUAL

MEMBERS OF THE CHARITABLE CLASS BENEFITTED BY THE SUPPORTED ORGANIZATION.

ALL SCHOLARSHIP AWARDS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTIONS

FOR THE BENEFIT OF THE STUDENTS.

| | | | | ATTACHMENT | 1 |
|---|-------------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED (| DRGANIZATIO | NS | | |
| | | (III) TYPE OF | (IV) | (V) AMOUNT OF | (VI) OTHER |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | SUPPORT | SUPPORT AMOUNT |
| AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC | 75-0975500 | 10 | Х | 10,995. | 0. |
| TOTAL AMOUNT OF SUPPORT | | | | 10,995. | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number LANDMAN SCHOLARSHIP TRUST 23-7122144 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 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (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 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under 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

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Schedule D (Form 990) 2019

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

| | rt Organizations Maintaini | ing Collections of | Δrt Historical Tre | asures or Other | Similar Assets (| ontinu | | age Z |
|------|---|--|------------------------|------------------------|----------------------|----------------|-------|----------|
| 3 | Using the organization's acquisition | | | | <u>'</u> | | | of its |
| • | collection items (check all that app | | and records, encor | carry or the remove | ing that make eigh | mount | 400 0 | ,, ,,, |
| а | Public exhibition | .,,, | d Loan o | or exchange prograi | m | | | |
| b | Scholarly research | | e Other | n oxonango prograi | | | | |
| C | Preservation for future gene | rations | | | | | | — |
| 4 | Provide a description of the organ | | and explain how t | hev further the ord | nanization's exemp | t purpo: | se in | Part |
| • | XIII. | | and explain new t | noy rarator and or, | gameanorro exemp | · paipo | | |
| 5 | During the year, did the organization | on solicit or receive d | onations of art histo | orical treasures, or o | other similar | | | |
| • | assets to be sold to raise funds rath | | | | | Yes | | No |
| Pa | rt IV Escrow and Custodial A | | | | | | | |
| | Complete if the organiza | | s" on Form 990, F | art IV, line 9, or re | eported an amoui | nt on F | orm | |
| | 990, Part X, line 21. | | | | • | | | |
| 1a | Is the organization an agent, truste | ee, custodian or othe | er intermediary for c | ontributions or othe | r assets not | | | |
| | included on Form 990, Part X? | | | | | Yes | | No |
| b | If "Yes," explain the arrangement i | | | | | | | _ |
| | | | | | Amount | | | |
| С | Beginning balance | | | 1c | | | | |
| d | Additions during the year | | | 1d | | | | |
| е | Distributions during the year | | | 1e | | | | |
| f | Ending balance | | | 1f | | | | |
| 2a | Did the organization include an am | ount on Form 990, F | Part X, line 21, for e | scrow or custodial | account liability? | Yes | | No |
| b | If "Yes," explain the arrangement i | n Part XIII. Check he | ere if the explanation | has been provided | on Part XIII | | | |
| Pa | rt V Endowment Funds. | | | | | | | |
| | Complete if the organiza | ation answered "Ye | s" on Form 990, F | Part IV, line 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Fou | | |
| 1a | Beginning of year balance | 25,000. | 25,000. | 25,000. | 25,000. | | 25, | ,000. |
| | Contributions | | | | | | | |
| | Net investment earnings, gains, | | | | | | | |
| | and losses | 3,000. | 1,815. | 1,735. | 1,163. | | 2, | ,258. |
| d | Grants or scholarships | 3,000. | | | | | | |
| | Other expenditures for facilities | | | | | | | |
| | and programs | | 1,815. | 1,735. | 1,163. | | 2, | ,258. |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 25,000. | 25,000. | 25,000. | 25,000. | | 25, | ,000. |
| 2 | Provide the estimated percentage | of the current year e | end balance (line 1g, | column (a)) held as | • • | | | |
| а | Board designated or quasi-endown | nent > | _% | | | | | |
| b | Permanent endowment ▶ 100.0 | 0000 % | | | | | | |
| С | Term endowment ▶ | _% | | | | | | |
| | The percentages on lines 2a, 2b, a | | | | | | | |
| 3a | Are there endowment funds not in | the possession of th | e organization that | are held and admir | nistered for the | ſ | | |
| | organization by: | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the relate | • | • | | | 3b | | |
| 4 | Describe in Part XIII the intended | | tion's endowment fur | nds. | | | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organiz | u ipment. ation answered "Ve | es" on Form 990 I | Part IV/ ling 11a 9 | See Form 900 Pa | rt Y lin | 10 م | |
| | Description of property | (a) Cost or | | | | Book va | | <u>·</u> |
| | | (invest | | | eciation | | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | | | |
| | Other | | | (5) " | | | | |
| Tota | I. Add lines 1a through 1e. (Column | n (d) must equal Forn | n 990, Part X, columi | n (B), line 10c.) | ▶ | | | |

23-7122144

| | Form 990) 2019 | | | Page 3 |
|--------------------|--|-----------------------|--|-----------------|
| Part VII | Investments - Other Securities. Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV, line 11b. See Form 990, Pa | art X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market valuation | |
| (1) Financi | al derivatives | | | |
| | held equity interests | | | |
| | Tiola equity interests | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV, line 11c. See Form 990, Pa | art X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market valuation | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV, line 11d. See Form 990, Pa | art X, line 15. |
| | (a) D | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) | " | | |
| | umn (b) must equal Form 990, Part X, col. (B) | line 15.) | | |
| Part X | Other Liabilities. | -l \/ 000 | 0 Dent IV/ En a 44 a an 446 Oca Fanna (| 200 D+ V |
| | Complete if the organization answere line 25. | d "Yes" on Form 990 | u, Part IV, line 11e or 11f. See Form 9 | 990, Paπ X, |
| | | | | |
| 1. | | ption of liability | | (b) Book value |
| | ral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) T-1-1 (0-1) | | 1 | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25. | | | |
| | or uncertain tax positions. In Part XIII, provide the | | | |
| organization | 's liability for uncertain tax positions under FASB | AGO 140. CHECK HERE I | i the text of the roothole has been provided | III Fail Alli |

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

| | (1 dill 330) 2013 | | r age - |
|--------|---|---------|----------------------|
| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 225,186. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | 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.) | 2e | 188,879. |
| е 3 | Subtract line 2e from line 1 | 3 | 36,307. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,847. | | |
| b | Other (Describe in Part XIII.) | | 24 047 |
| С 5 | Add lines 4a and 4b | 4c 5 | 34,847. 71,154. |
| Part | | | ,1,131. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 256,666. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | - | |
| b | Prior year adjustments | - | |
| c d | Other losses | - | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 256,666. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| b | Other (Describe in Part XIII.) | 4c | 34,847. |
| С 5 | Add lines 4a and 4b | 5 | 291,513. |
| | XIII Supplemental Information. | | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | Part V, | line 4; Part X, line |
| | PAGE 5 | iationi | |
| - 555 | - TAGE J | | |
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Part XIII Supplemental Information (continued)

PART V, LINE 4

ENDOWMENT FUND INVESTMENTS ARE PERMANENTLY RESTRICTED NET ASSETS TO BE HELD INDEFINITELY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE FOUNDATION.

PART X, LINE 2

ASC 740 FOOTNOTE:

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2019

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

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

Open to Public Inspection

Employer identification number Name of the organization LANDMAN SCHOLARSHIP TRUST 23-7122144 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) TEXAS TECH UNIVERSITY PO BOX 42101 LUBBOCK, TX 79409 75-6002622 501(C)(3) 19,500. SCHOLARSHIP (2) WESTERN STATE COLORADO UNIVERSITY 12,500. 600 NORTH ADAMS STREET GUNNISON, CO 81231 84-0709935 STATE OF CO SCHOLARSHIP (3) UNIVERSITY OF LOUISIANA AT LAFAYETT PO BOX 43570 LAFAYETTE, LA 70504 72-6000820 501(C)(3) 10,000. SCHOLARSHIP (4) UNIVERSITY OF TULSA 30,000. 600 SOUTH COLLEGE AVENUE TULSA, OK 74104 501(C)(3) SCHOLARSHIP (5) COLORADO MESA UNIVERSITY 1100 NORTH AVENUE GRAND JUNCTION, CO 81501 84-6001656 501(C)(3) 15,000. SCHOLARSHIP (6) WEST VIRGINIA UNIVERSITY 27,500. 322 PERCIVAL HALL MORGANTOWN, WV 26506 55-6000842 STATE OF WV SCHOLARSHIP (7) UNIVERSITY OF OKLAHOMA FOUNDATION 307 WEST BROOKS, ROOM 105-K 73-6091755 501(C)(3) 63,375. SCHOLARSHIE (8) UNIVERSITY OF OKLAHOMA COLLEGE OF LAW 300 TIMBERDELL ROAD NORMAN, OK 73069 73-1377584 STATE OF OK 12,500. SCHOLARSHIP (9) MARIETTA COLLEGE 215 5TH STREET, THOMAS HALL 117 31-4379584 501(C)(3) 10,000. SCHOLARSHIP (10)(11)(12)9.

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

Schedule I (Form 990) (2019)

LANDMAN SCHOLARSHIP TRUST 23-7122144

Schedule I (Form 990) (2019)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| l . | | | | | |
| j | | | | | |
| i. | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

SCHOLARSHIP GRANTS ARE AWARDED TO STUDENTS BASED ON THEIR ACADEMIC

RECORD, SCHOOL PARTICIPATION AND PERSONAL INTERVIEW.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LANDMAN SCHOLARSHIP TRUST

Inspection Employer identification number

23-7122144

| Part | Questions Regarding Compensation | | | |
|------|---|----------|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| • | organization or a related organization: Receive a severance payment or change-of-control payment? | 4a | | Х |
| a | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 4b | | X |
| b | Participate in, or receive payment from, a supplemental horidualined retirement plant? | 40 4c | | X |
| С | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 40 | | 71 |
| | 0.1 | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | |
| | payments not described on lines 5 and 6? If "Yes," describe in Part III. | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | 1 |

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

Schedule J (Form 990) 2019

LANDMAN SCHOLARSHIP TRUST 23-7122144

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------------------|------|--------------------------|--------------------|-----------------|-----------------------------|----------------|----------------------|--|
| | | (i) Base compensation | | | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| AMANDA JOHNSON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 1 ^{CHIEF} ACCOUNTING OFFICER | (ii) | 120,773. | 13,834. | 151. | 14,096. | 3,613. | 152,467. | |
| MELANIE BELL (PARTIAL Y | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 2 AAPL EXECUTIVE VICE PRESIDENT | (ii) | 256,615. | 81,211. | 6,535. | 33,032. | 19,857. | 397,250. | |
| STACEY GARVIN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 3 DIRECTOR OF EDUCATION AND MEMB | (ii) | 228,442. | 37,172. | 3,265. | 16,738. | 21,297. | 306,914. | |
| | (i) | | | | | | | |
| _ 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

LANDMAN SCHOLARSHIP TRUST 23-7122144

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 3

A RELATED ORGANIZATION (AAPL) USES THE FOLLOWING METHODS TO ESTABLISH

COMPENSATION OF THE EXECUTIVE DIRECTOR; FINANCE COMMITTEE, FORM 990 OF

OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR

STUDY AND APPROVAL BY THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND

BOARD OF DIRECTORS.

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.

2019
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.

gov/form990. Inspection

Employer identification number

23-7122144

Name of the organization

LANDMAN SCHOLARSHIP TRUST

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

REVIEW PROCESS:

A COPY OF THE FORM 990 WAS PROVIDED TO THE TRUSTEES OF LST FOR REVIEW PRIOR TO SUBMITTING TO THE IRS.

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

COMPENSATION REVIEW AND APPROVAL PROCESS:

THE ORGANIZATION UTILIZES EMPLOYEES OF THEIR SUPPORTED ORGANIZATION,

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. PERFORMANCE AND PAY

FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED ANNUALLY BY THE AAPL

FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND BOARD OF DIRECTORS. NO

COMPENSATION IS PAID BY THE TRUST.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

LANDMAN SCHOLARSHIP TRUST WILL PROVIDE ITS FINANCIAL INFORMATION TO THE PUBLIC UPON REQUEST. THE DECLARATION OF TRUST IS PUBLISHED ANNUALLY IN THE LANDMAN DIRECTORY, WHICH IS DISTRIBUTED TO THE MEMBERSHIP OF THE AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. THE FINANCIAL REPORTS ARE PUBLISHED ANNUALLY IN THE ANNUAL REPORT, WHICH IS ALSO SENT TO THE MEMBERSHIP OF THE AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. THE FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C

COMMITTE FOR OVERSIGHT:

Employer identification number Name of the organization LANDMAN SCHOLARSHIP TRUST 23-7122144

THE TRUST'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED INDEPENDENT AUDIT REPORT WITH THEIR SUPPORTED ORGANIZATION, AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT ARE PERFORMED BY AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. THIS HAS NOT CHANGED IN THE LAST YEAR.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public
Inspection

Name of the organization

LANDMAN SCHOLARSHIP TRUST

23-7122144

| Part I | Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | | | | | | | |
|--------|---|--------------------------------|---|---------------------|---------------------------|-------------------------------|--|--|--|--|--|--|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | | | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | contr | 12(b)(13) |
|---|--------------------------------|---|----------------------------|--|-------------------------------|-------|-----------|
| | | | | | | Yes | No |
| (1) AMERICAN ASSOCIATION OF PROF LANDMEN 75-0975500 | | | | | | | |
| 800 FOURNIER ST. FORT WORTH, TX 76102 | LAND PROFESS | TX | 501(C)(6) | | N/A | | X |
| (2) AAPL EDUCATION FOUNDATION 23-7243157 | | | | | | | |
| 800 FOURNIER ST. FORT WORTH, TX 76102 | EDUCATION FDN | TX | 501(C)(3) | 12A | AAPL | Х | |
| (3) NAPE EXPO CHARITIES FUND 81-3695208 | | | | | | | |
| 800 FOURNIER STREET FORT WORTH, TX 76102 | GRANTS | TX | 501(C)(3) | 10 | AAPL | X | |
| (4) | | | | | | | |
| | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |
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| (7) | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2019

JSA

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, |
|-----------|--|
| I alt III | because it had one or more related organizations treated as a partnership during the tax year. |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | Dispro | h) portionate ations? | code V - UBI | | ij) eral or aging tner? | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------|---|---------------------------------|--|--------|-----------------------------|--------------|-----|----------------------------------|--------------------------------|
| | | , , | | , | | | Yes | No | | Yes | No | |
| (1) NAPE EXPO, LP 20-4920808 | | | | | | | | | | | | |
| 800 FOURNIER STREET FORT WORTH | TRADE SHOW | TX | N/A | | | | | | | | | |
| _(2) | _ | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total | (g) Share of end-of-year assets | (h) Percentage ownership | Section 512(b)(13 controlled entity? |
|--|--------------------------------|---|---------------------------|---|-----------------------|---------------------------------------|--------------------------------|---|
| (1) | | | | | | | | Yes No |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

Schedule R (Form 990) 2019

Page 3

| Sched | ule R (Folin 990) 2019 | | | | | Paç | ge J |
|-------|--|----------------------------|---------------------------------------|--------------|----------------------------|-----|------|
| Par | Transactions With Related Organizations. Complete if the organization answered "Ye | es" on Form 990, Pa | rt IV, line 34, 35b, or 36. | | | | |
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more | related organizations li | sted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | • | | | 1a | | Х |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| g | Sale of assets to related organization(s) | | | | 1g | | Х |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х |
| I | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s). | | | | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | X | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Х | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | | · · · · · · · · · · · · · · · · · · · | action thres | | s. | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | Method o | (d) of dete int invo | | g |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| - | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |

Schedule R (Form 990) 2019

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | i irom tax under | Are all sec 501 organiz | e) partners ction (c)(3) zations? | (f) Share of total income | (g) Share of end-of-year assets | Dispro | (h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | i) eral or aging ner? | (k) Percentage ownership |
|---|-------------------------|---|-------------------|----------------------------------|---|---------------------------------|--|--------|------------------------------|---|-----------------------|--------------------------------|--------------------------------|
| | | | sections 512-514) | Yes | No | | | Yes | No | (1 01111 1000) | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| | | | | | | | | | | | L | | m 000) 2010 |

Schedule R (Form 990) 2019

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Part VII Supplemental Information

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

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

07/01, 2019, and ending 06/30, 20 2 0 For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ((Employees' trust, see instructions.) address changed LANDMAN SCHOLARSHIP TRUST **B** Exempt under section **Print** 23-7122144 X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 800 FOURNIER ST. 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code C Book value of all assets FORT WORTH, TX 76102 at end of year Group exemption number (See instructions.) 7,770,990. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \triangleright 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶AMANDA JOHNSON Telephone number ► 817-847-7700 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 Repairs and maintenance 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 27 27 Total deductions. Add lines 14 through 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income. Subtract line 30 from line 29

For Paperwork Reduction Act Notice, see instructions.

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OMB No. 1545-0047

| Pa | rt III | Total Unrelated Business Taxable Income | | | | |
|-------------|----------|---|-------------|--------------|----------|------------|
| 32 | Total | of unrelated business taxable income computed from all unrelated trades or businesses (see | | | | |
| | instruc | tions) | 32 | | | |
| 33 | Amour | ts paid for disallowed fringes | 33 | | | |
| 34 | Charita | ble contributions (see instructions for limitation rules) | 34 | | | |
| 35 | Total | unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line | | | | |
| | 34 fror | n the sum of lines 32 and 33 | 35 | | | 0 |
| 36 | Deduct | ion for net operating loss arising in tax years beginning before January 1, 2018 (see | | | | |
| | | tions) | 36 | | | |
| 37 | | f unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | | | |
| 38 | | c deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | | | |
| 39 | • | ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37. | - | | | |
| •• | | ne smaller of zero or line 37 | 39 | | | 0 |
| Par | - CANADA | Tax Computation | - 00 | | | |
| 40 | | zations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | | | |
| | _ | 11 | 40 | | | |
| 41 | Trusts | | 44 | | | |
| | | ount on line 39 from: Tax rate schedule or Schedule D (Form 1041) | | | | |
| 42 | | ax. See instructions | | | | |
| 43 | | tive minimum tax (trusts only) | | | | |
| 44 | | Noncompliant Facility Income. See instructions | _ | | | |
| 45 | | dd lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | | | |
| | | Tax and Payments | | | | |
| | _ | tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a | | | | |
| | | redits (see instructions), | | | | |
| C | | I business credit. Attach Form 3800 (see instructions) | | | | |
| d | Credit f | or prior year minimum tax (attach Form 8801 or 8827) | | | | |
| е | Total c | redits. Add lines 46a through 46d | 46e | | | |
| 47 | Subtrac | t line 46e from <u>line 45 </u> | 47 | | | |
| 48 | Other ta | kes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 | | | |
| 49 | Total ta | x. Add lines 47 and 48 (see instructions) | 49 | | | 0. |
| 50 | 2019 n | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | | | |
| 51 a | | its: A 2018 overpayment credited to 2019 | | | | |
| | | stimated tax payments | | | | |
| | | osited with Form 8868 | | | | |
| d | | organizations: Tax paid or withheld at source (see instructions) | | | | |
| | | withholding (see instructions) | 1 | | | |
| f | - | or small employer health insurance premiums (attach Form 8941) 51f | 1 | | | |
| 9 | | redits, adjustments, and payments: Form 2439 | | | | |
| y | | orm 4136 Other Total > 51g | | | | |
| 52 | | | 52 | | | |
| | - | ayments. Add lines 51a through 51g | 53 | | | |
| 53 | | · · · · · · · · · · · · · · · · · · · | 54 | | | |
| 54 | | . If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 55 | | | _ |
| 55 | - | yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | | | | _ |
| 56 | - | e amount of line 55 you want: Credited to 2020 estimated tax | 56 | | | |
| Par | | Statements Regarding Certain Activities and Other Information (see instruction | *** | | Yes | No |
| 57 | • | time during the 2019 calendar year, did the organization have an interest in or a signature or | | • | 162 | No |
| | | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | - | | | |
| | | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | toreigi | 1 country | | v |
| | here 🕨 | | | | \vdash | X |
| 58 | _ | he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei | gn trus | i? | | X |
| | - | see instructions for other forms the organization may have to file. | | | | |
| 59 | | e amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | | | |
| | tn. | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | est of m | iy knowledge | and beli | ief, it is |
| Sign | N | | y the | IRS discuss | this r | return |
| Here | | CITY Executive Ville 1705. with | h the | preparer si | hown b | |
| | /Si | | e instructi | | es | No |
| Date | | Print/Type preparer's name Preparer's signature Date Check | i L | | | |
| Paid | | | mployed | | 1055 | |
| Prep Use | | | | 44-016 | | |
| | Oilly . | Firm's address > 777 MAIN STREET, SUITE 2000, FORT WORTH, TX 76102 Phone | no. 82 | 17.332. | 2301 | |

LANDMAN SCHOLARSHIP TRUST

| Form 990-T (2019) | | | | | | | | Page 3 |
|--|----------------------------|-----------------|------------------|-------------------------------------|--------------|--|--|-------------------|
| Schedule A - Cost of | Goods Sold. | Enter method | d of invento | ry valuation) | > | | | |
| 1 Inventory at beginning | | | | | | ar | 6 | |
| 2 Purchases | · · | | | | | ld. Subtract line | | |
| 3 Cost of labor | | | | 6 from lir | ne 5. Enter | here and in Part | | |
| 4a Additional section 263 | | | | | | | 7 | |
| (attach schedule) | | | | | | section 263A (w | | Yes No |
| b Other costs (attach sc | | | | | | or acquired for | | |
| 5 Total. Add lines 1 thro | | | | | | | | x |
| Schedule C - Rent Inco | | Property a | nd Person | al Property | Leased V | Vith Real Proper | tv) | |
| (see instructions) | (| | | | | | -37 | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (1) | 2 Rent red | ceived or accru | ed | | | | | |
| (a) From normal property (i | | | | | /:f +l= = | 2(a) Doductions di | | . th a in a a a a |
| (a) From personal property (if for personal property is more) | | | | personal property personal property | | | rectly connected with a) and 2(b) (attach scl | |
| more than | | 50% o | if the rent is l | pased on profit or | income) | , | , , , , , | , |
| (1) | | | | | | | | |
| <u>(1)</u> (2) | | | | | | | | |
| | | | | | | | | |
| (3) | | | | | | | | |
| (4) T-1-1 | | T-4-1 | | | | | | |
| Total | () | Total | | | | (b) Total deduction | | |
| (c) Total income. Add totals | ` ' | ` ' | | | | Enter here and on | | |
| here and on page 1, Part I, li Schedule E - Unrelate | | | o inatruatio | ,na) | | Part I, line 6, colun | Ш (Б) | |
| Scriedule E - Unirelate | u Debt-Finance | income (se | | oris) | 3. [| Deductions directly con | nected with or allocal | ble to |
| 1 Description of | of debt-financed propert | , | 1 | ncome from or debt-financed | | debt-finance | | |
| 1. Description e | ii debt iiiiaiided propert | y | | operty | | nt line depreciation | (b) Other ded | |
| (4) | | | | | (ana | ch schedule) | (attach sche | dule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| 4 Amount of ourses | F Averes o | divisted basis | | | | | | |
| Amount of average acquisition debt on or | 5. Average a of or allo | , | | Column | 7. Gross | income reportable | 8. Allocable de | |
| allocable to debt-financed | | ed property | 1 | livided olumn 5 | | n 2 x column 6) | (column 6 x total 3(a) and 3 | |
| property (attach schedule) | (attach s | chedule) | 5,0 | | | | O(u) und o | |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | re and on page 1, ne 7, column (A). | Enter here and or Part I. line 7. co | |
| | | | | | 1 alt 1, III | 10 7, COIGITITI (A). | 7 art 1, iii le 7, 00 | ינט). |
| Totals | | | | ▶ | | | | |
| Total dividends-received de | ductions included in | column 8 | | | | | | |

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| Schedule F – Interest, Ann | uities, Royaltie | | | controlled Or | | | ions (se | e instructi | ons) | |
|---|---|------------------------------|---|---|--|---------------------------|---|--|---------|---|
| Name of controlled organization | 2. Employer identification numb | er : | 3. Net unr | related income e instructions) | 4. Total | of specified ents made | included | f column 4 the in the control ion's gross in | olling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | | | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruc | | 9 | . Total of specific payments made | | include | t of column ed in the co ation's gros | ntrolling | | Deductions directly inected with income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals | ncome of a Sec | ction 50 | 01(c)(7) |), (9), or (17 3. Deduc | | Part I | nere and on line 8, colu | mn (A). | | er here and on page 1, rt I, line 8, column (B). |
| 1. Description of income | 2. Amount of | income | | directly cor (attach sch | nected | | | t-asides schedule) | | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | Enter here and Part I, line 9, c | | | | | | | | | Enter here and on page 1 Part I, line 9, column (B). |
| Totals ▶ | | | | | | | | | | |
| Schedule I-Exploited Exe | mpt Activity In | come, (| Other T | han Adverti | sing Ir | ncome (s | ee instru | ctions) | | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | dir conne produ unr | penses rectly cted with action of elated ss income | 4. Net inconfrom unrelat or business 2 minus col If a gain, co | ed tradé (column umn 3). ompute | from ac | s income tivity that nrelated s income | 6. Expe attributa colum | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | page | ere and on 1, Part I, 1, col. (B). | | | I | | | | Enter here and on page 1, Part II, line 25. |
| Totals ► ► ► Schedule J- Advertising Ir | come (see instr | uctions) | | | | | | | | |
| Part I Income From Per | | | Conse | olidated Bar | eie . | | | | | |
| income i fom i er | louicais Neport | eu on a | COIIS | | 513 | | | 1 | | |
| 1. Name of periodical | 2. Gross advertising income | | Direct sing costs | 4. Adverting gain or (los 2 minus co a gain, co cols. 5 thro | ss) (col. ol. 3). If mpute | | culation ome | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-------------------------------|--|--|--|-------------------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | | | | | |
| | 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) ▶ | | | | | | |
| Schedule K - Compensatio | n of Officers, D | irectors, and Tr | ustees (see insti | uctions) | | |
| 1. Name | · | 2. | Title | 3. Percent of time devoted to | 4. Compensation | |

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|--|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| 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

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.