

Public Disclosure Copy

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

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

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

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

orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	ne 202	1 calendar year, or tax year begir	nning 07/	01/2021	and endi	ing		06/	/30/20	22			
В с	heck if a	pplicable:	C Name of organization AMERICAN A	SSOCIATION OF P	ROFESSI	ONAL		D Employer id	entific	ation num	ber			
	Addre		LANDMEN, INC.											
	chang		Doing Business As		-\	Room/suite		75-0975500						
	+	e change	Number and street (or P.O. box if mail is	·	E Telephone number									
	Initia	I return	800 FOURNIER STREET					(817)8	47-	7700				
	Term Amer	inated	City or town, state or province, country, a	and ZIP or foreign postal code					_					
	returi		FORT WORTH, TX 76102					G Gross receip			· ·	496.		
	pend		F Name and address of principal officer:	DR. GRETA ZEI				H(a) Is this a grown subordinates	?	—	Yes	X No		
_			800 FOURNIER STREET, FO					H(b) Are all subord			Yes	No		
		empt st	001(0)(0) 22 001(0) (0	5) ◀ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	ch a list.	. (see instruc	tions)			
_		ite: 🕨	WWW.LANDMAN.ORG					H(c) Group exem						
				Association Other	•	L Year	of format	ion: 1987 M	State	of legal do	micile:	TX		
P	art I	-	mmary											
	1		y describe the organization's mission o						HIC	HEST				
JCe			NDARDS OF PERFORMANCE FO											
ınaı			<u> FURE, AND ENCOURAGE SOUN</u>											
Governance	2		this box 🕨 🔛 if the organization d	•					1 1					
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3			4.8		
Š	4		er of independent voting members of t						4			4.8		
<u>Ş</u>	5		number of individuals employed in cale						5			34		
Activities	6		number of volunteers (estimate if necess						6			4.8		
⋖			unrelated business revenue from Part V						7a			941.		
	b	Net ur	nrelated business taxable income from	Form 990-T, line 34					7b			<u>,865.</u>		
								Prior Year		Curr	ent Yea			
ne	8	Contri	ibutions and grants (Part VIII, line 1h)		COP	Y FOR	1	N			848.			
Revenue	9		am service revenue (Part VIII, line 2g)			NSPECTION			,287,055.			111.		
Re			tment income (Part VIII, column (A), line	es 3, 4, and 7d)			J	3,987,87				115.		
	11		revenue (Part VIII, column (A), lines 5,					-144,17	$\overline{}$			415.		
	12		revenue - add lines 8 through 11 (must					6,130,75		9,		489.		
	13		s and similar amounts paid (Part IX, colu						ONE		100,	,000.		
	14		its paid to or for members (Part IX, colu			ONE			NONE					
ses	15		es, other compensation, employee bene		3,538,89		3,	533,	570.					
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	ı (A), line 11e)				No	ONE			NONE		
Exp	_ b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶										
	17		expenses (Part IX, column (A), lines 11					2,867,64				195.		
	18		expenses. Add lines 13-17 (must equal				.	6,406,54				765.		
_ s	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-275,78			887,			
ts o							<u> </u>	ning of Current			of Year			
sse	20		assets (Part X, line 16)					45,737,64	_		389,			
et A	20 21 22		liabilities (Part X, line 26)				.	2,664,17			174,			
Z	22		ssets or fund balances. Subtract line 21	from line 20	<u> </u>		.	43,073,47	/ <u> </u>	37,	215,	298.		
	rt II		gnature Block of perjury, I declare that I have examined th	in natura in alculina annone										
true	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all inforr	mation of whi	ich preparer h	as any kr	nowledge.	i iliy k	nowieage	and be	ilei, it is		
Sig	ın		Signature of officer					Date						
He														
			Type or print name and title											
		<u> </u>	Type preparer's name	Preparer's signature		Date			., l p	TIN				
Paic	t					Date		Check self-employ	' ''		11 40			
Pre	parer		LLE ALBERTO							P01704				
Use	Only		sname FORVIS, LLP					Firm's EIN		4-0160				
1400	, the '			TTE 2000 FORT WORTH, T				Phone no.	81	17-332				
<u> </u>			cuss this return with the preparer show	`	<i>.</i>			<u> </u>		<u>. X Y</u>		No		
⊢or	rape	rwork	Reduction Act Notice, see the separat	e instructions.						Forr	n 990	(2021)		

Form 990 (2021) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	AAPL'S MISSION IS TO PROMOTE THE HIGHEST STANDARDS OF PERFORMANCE FOR	
	ALL LAND PROFESSIONALS, TO ADVANCE THEIR STATURE, AND TO ENCOURAGE	
	SOUND AND ETHICAL STEWARDSHIP OF ENERGY AND MINERAL RESOURCES.	
2	oid the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?	X No
	rior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	_A NO
3	old the organization cease conducting, or make significant changes in how it conducts, any program ervices?	X No
	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ne total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$including grants of \$) (Revenue \$)	
	AAPL IS AN ORGANIZATION REPRESENTING MEN AND WOMEN ENGAGED IN LAND	
	MATTERS. ITS PURPOSES ARE CARRIED OUT BY A MONTHLY	
	MAGAZINE/JOURNAL WITH A DISTRIBUTION OF APPROXIMATELY 12,000	
	COPIES; IN EXCESS OF 85 EDUCATIONAL EVENTS, QUARTERLY BOARD	
	MEETINGS AND AN ANNUAL MEETING/CONFERENCE. AAPL HAS APPROXIMATELY	
	12,000 MEMBERS.	
41	2-d- \/\(\tau_{	
4 D	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
10	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70) (Nevertide ψ)	
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$	
40	Total program conting grants of \$\psi\$	

4e Total program service expenses ► JSA 1E1020 1.000

Form 990 (2021) Page **3**

Part	V Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
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			37
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
′	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,"			
Ü	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			- 23
•	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
1 2 a	Schedule D. Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		- 21
	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		7.7
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	v	

Form 990 (2021)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	· · · · · · · · · · · · · · · · · · ·			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Λ
28				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		- 11	
0-7	or IV, and Part V, line 1	34	Х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
		JJa	X	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251	٦,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	. op o	<u></u>	44	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 34			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 y 7 h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

75-0975500

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	48			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	r appoint			
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			
	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 Inte	ernal	Revenue	Code.		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	hat c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	990,	and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 01			
	X Own website Another's website X Upon request Other (explain on So		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict of	finter	est p	olicy,
	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 TRACY FORD 800 FOURNIER STREET FORT WORTH. TX 76102	oooks	and record	s >		

817-847-7700

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	sition more than one erson is both an 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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DD CDETA D ZEIMETZ CAE	40.00									
(1) DR. GRETA P. ZEIMETZ, CAE AAPL EXECUTIVE VICE PRESIDENT	6.00			Х				319,003.	NONE	62,921.
(2) LEANN CALLIHAN	40.00			21				317,003.	IVOIVE	02,321.
AAPL VICE PRESIDENT	NONE				X			273,199.	NONE	78,442.
(3) AMANDA JOHNSON	40.00									10,111
CHIEF ACCOUNTING OFFICER	6.00			Х				169,099.	NONE	23,409.
(4) RUSSELL COHEN	40.00									
DIRECTOR OF GOVERNMENT AFFAIRS	NONE					Х		147,642.	NONE	16,953.
(5) ANDREA SPENCER	40.00									
COMMUNICATIONS MANAGER	NONE					Х		128,899.	NONE	15,898.
(6) JAMES T. DEVLIN	5.00									
PRESIDENT	NONE	Х		Х				918.	NONE	NONE
(7) CARL D. CAMPBELL, CPL	5.00									
1ST VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(8) GREGORY M. RIEDL, CPL	2.00									
2ND VICE PRESIDENT END: 06/22	NONE	X		Х				NONE	NONE	NONE
(9) WILLIAM G. BOONE, CPL	2.00									
3RD VICE PRESIDENT	2.00	X		Х				NONE	NONE	NONE
(10) CRANFORD DELANO NEWELL JR., C	2.00									
TREASURER END: 06/22	4.00	X		Х				NONE	NONE	NONE
(11) SARA A. WORSHAM, CPL	5.00									
SECRETARY END: 06/22	NONE	X		Х				NONE	NONE	NONE
(12) LESTER A. ZITKUS, CPL	5.00									
IMMEDIATE PAST PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(13) ADAM B. STELLAR, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) ADAM PETZ, CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o is both		compensation	compensation from	amount of other
	week (list any hours for					tor/trust		from the	related organizations	compensation
	related	or o	Ins	Officer	<u>\$</u>	Highest cc employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	icer	Key employee	hest	mer	(W-2/1099-MISC)		organization and related
	line)	tor	ona		ploy	ee				organizations
		uste.	<u> </u>		ee	npei				-
		ď	stee			compensated ee				
(15)	0.00					<u> </u>				
(15) ADAM W. ROBINSON, CPL	2.00	-								
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(16) ALLYSON JOHNSTONE HOWARD, CPL	2.00								110117	11011
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(17) BENJAMIN J. WARING CPL	2.00								110117	11011
DIRECTOR	NONE	X						NONE	NONE	NONE
(18) BENJAMIN BRYAN HOLLIDAY	2.00	- ,,						NONE	NONE	NONE
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
(19) BRIAN K. TOLSON JR., RPL	2.00	37						NONE	NONTO	NONE
DIRECTOR CDOOKGUANKG CDI	NONE	X						NONE	NONE	NONE
(20) BRITNEY A. CROOKSHANKS, CPL	$\frac{2.00}{2.00}$	- v						NONE	NONE	NONE
DIRECTOR (21) PRIME E PAYNE OFF	2.00	X						NONE	NONE	NONE
(21) BRUCE E. PAYNE, CPL	2.00	- v						NONE	NIONIE	NONE
DIRECTOR (22) CAMERON CORBETT, CPL	2.00	X						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(23) CHRISTIN L. FABER, RPL	2.00	Α.						NOINE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(24) CLAY WHITEHEAD, CPL	2.00	Α.						NONE	NONE	NONE
DIRECTOR	NONE	x						NONE	NONE	NONE
(25) CURT D. HORNE, CPL	2.00	21						NONE	NONE	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total	TIONE	21			l			1,038,760.	NONE	197,623.
c Total from continuation sheets to Part VII, S	ection A		• •		• •			NONE		NONE
d Total (add lines 1b and 1c)	-				• •			1,038,760.	NONE	197,623.
2 Total number of individuals (including but not				d a	bov	e) who	o re			15,7025.
reportable compensation from the organizatio						5			ψ. σσ,σσσ σ.	
										Yes No
3 Did the organization list any former office	er, directo	or. or	tru	uste	e.	kev e	ame	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

3		
4		
5		
	4	4

Section B. Independent Contractors

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

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

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

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Part VII Section A. Officers, Directors, T		y⊵n	ıpıc			and i	Higi			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do	not c		sition	e than c	nne	Reportable compensation	Reportable	Estimated amount of
	week (list any	(do not check more than one box, unless person is both an						from	compensation from related	other
	hours for		_	_		tor/trust		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh mpl	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	rect	tutio	ě	emp	est o	ler	(W-2/1099-MISC)		and related
	line)	or E	nal t		loye) wor				organizations
		stee	nst		Ф	ens				
			9			Highest compensated employee				
26) DAN KOSTRUB	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
27) GRIFFIN HANNA	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
28) JARED A. HEMBREE	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
29) JASON LYONS, RPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
30) JASON M. DOWNS, RPL	2.00	4								
DIRECTOR	NONE	X						NONE	NONE	NONE
31) JESS A. ROWE, CPL	2.00							17017	17017	17017
DIRECTOR	NONE	X						NONE	NONE	NONE
32) JOHN BULLOCK, CPL DIRECTOR END: 06/22	2.00 NONE	X						NONE	NONE	NONE
33) JOHN C. KROGMANN JR., CPL	2.00	_ ^						NONE	NONE	NONE
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
34) JOHN R. LEE, RPL	2.00	21						IVOIVE	NONE	IVOIVE
DIRECTOR	NONE	X						NONE	NONE	NONE
35) KATE BLACK	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
36) KRISTIN RENNIE	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII,							\blacktriangleright			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but no		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	ion 🕨									
										Yes No
3 Did the organization list any former of										
employee on line 1a? If "Yes," complete Sche	edule J for su	ch inc	livid	lual						3
4 For any individual listed on line 1a, is the										
organization and related organizations of									le J for such	
individual										4
5 Did any person listed on line 1a receive of	or accrue co	mper	sati	ion	fron	n any	un	related organization	on or individual	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(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 ▶

5

Part VII Section A. Officers, Directors, Tr		- - - 11	۰,۲۰			<u> </u>	9			. Si itii iu		
(A) Name and title	(B)				C) sition			(D)	(E)		(F)	
Name and the	Average hours per	(do i	not c			e than c	one	Reportable compensation	Reportable compensation from		timated nount of	
	week (list any	box,	unle	ss pe	erson	is both	an	from	related		other	
	hours for		_			tor/trust		the	organizations		pensatio	on
	related organizations	ndiv or di	nstit	Officer	(ey	Highest co employee	Former	organization	(W-2/1099-MISC)		om the anizatior	า
	below dotted	idua	oitu	er.	mp	est o	ē	(W-2/1099-MISC)		_	d related	
	line)	۲ <u>.</u>	nali		Key employee	om				orga	anization	IS
		Individual trustee or director	Institutional trustee		Ι Φ	Dens						
			ee			: compensated ee						
37) KYLE DUBIEL	2.00											
DIRECTOR	NONE	X						NONE	NONE		1	NONE
38) LARS NOBLE, CPL	2.00											
DIRECTOR	NONE	X						NONE	NONE		1	NONE
39) LUCY WATHEN, CPL	2.00											
DIRECTOR	NONE	X						NONE	NONE		1	NONE
40) MATTHEW A. GRAY, CPL	2.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NONE
41) NICOLE MAXWELL, CPL	2.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NONE
42) P. KELLY MULDOON, CPL	2.00										_	
DIRECTOR	NONE	X						NONE	NONE		1	NONE
43) PAUL WOOD, CPL	2.00	 ⊦									_	
DIRECTOR	NONE	X						NONE	NONE		1	NONE
44) RANDY LITTLECOTT, CPL	2.00 NONE							NONE	NONE			
DIRECTOR END: 06/22	NONE	X						NONE	NONE		Г	NONE
45) RICHARD A. HINES, CPL DIRECTOR	2.00 NONE	X						NONE	NONE		7	NONE
46) ROBERT H. WILSON III, RPL	2.00							NONE	NONE			NOINE
DIRECTOR	NONE	X						NONE	NONE		1	NONE
47) ROBERT RICE, CPL		- 25						110111	110111			···
DIRECTOR	2.00	X						NONE	NONE		ī	NONE
								1,01,2	1,01,2			
1b Sub-total c Total from continuation sheets to Part VII,	Section A	• • •	• •	• •	• •							
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨											
											Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole (com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations g	reater than	\$15	50,0	00?	P It	"Yes	5,"	complete Schedu	le J for such			
individual										4		
5 Did any person listed on line 1a receive o												
for services rendered to the organization? If "	Yes," comple	te Sci	hedi	ule .	J foi	such	per	son		5		

Section B. Independent Contractors

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

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

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

(4)	(D)			10	٠,			(D)	(E)	(F)
(A) Name and title	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	(do r	not ch		ition more	e than or	ne	Reportable compensation	Reportable compensation from	Estimated amount of
		,				is both a		from	related	other
	hours for					or/truste		the	organizations	compensation
	related	Indi	Inst	Officer	ey	Highest co employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	/idu	ituti	cer	em	loye	ner	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		Key employee	con				organizations
		uste	trus		ee	per				
		ď	stee			compensated				
						ed				
48) RODNEY L. BLACK, CPL	2.00									
DIRECTOR END: 06/22	NONE	X						NONE	NONE	NONE
49) SHAUN WILLIAMS	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
50) STEVEN N. RAPANOS, CPL	2.00									
DIRECTOR END: 06/22	NONE	Х						NONE	NONE	NONE
51) TERRY P. CAVES, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
52) TRAVIS W. BEAVERS, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
53) WESLEY T. DAY, CPL	2.00							-	-	
DIRECTOR	NONE	Х						NONE	NONE	NONE
	110112							110112	110112	
1b Sub-total										
c Total from continuation sheets to Part VII, Se	ction A									
d Total (add lines 1b and 1c)							•			
2 Total number of individuals (including but not li		hose	liste	d al	OOV	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	<u> </u>									
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Schedu	le J for su	ch ind	lividu	ual						3 X
4 For any individual listed on line 1a, is the s	um of ren	ortab	ole d	com	per	sation	ar	nd other compens	sation from the	
organization and related organizations gre-	ater than	\$15	0,0	00?	lf	"Yes,	," (complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or a	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual	
										5 X
for services rendered to the organization? If "Yes	s, compre	ic ou	loud	,,,	101	OGO!!	00,			

year.

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

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

75-0975500

Part VIII Statement of Revenue

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

1E1051 1.000

75-0975500

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	100,000.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	926,073.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,121,479.			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	486,018.			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):	27027			
а	Management	NONE			
	Legal	14,292.			
	Accounting	72,483.			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE 166,557.			
	Investment management fees	100,557.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	261,623.			
42	(A), amount, list line 11g expenses on Schedule O.)	133,525.			
13	Advertising and promotion	167,446.			
14	Office expenses Information technology	313,961.			
15	Royalties	NONE			
16	Occupancy	265,906.			
	Travel	79,478.			
	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	392,314.			
	Interest	NONE			
		NONE			
22	Depreciation, depletion, and amortization	201,344.			
23	Insurance	76,578.			
24	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.)				
а	ANNUAL MEETING & REPORT	488,811.			
	LANDMAN JOURNAL & DIRECTORY	395,772.			
	EDUCATION SEMINARS	353,338.			
d	DUES AND SUBSCRIPTIONS	19,524.			
	All other expenses	46,243.			
	Total functional expenses. Add lines 1 through 24e	7,082,765.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	1,242,354.	2	2,651,523.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	75,388.	4	58,092.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	363,765.	9	430,922.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,665,597.			
	h	Less: accumulated depreciation	4,738,883.	100	4,621,626.
	11	Investments - publicly traded securities	39,177,594.	11	31,519,133.
	12	Investments - other securities. See Part IV, line 11	510.	12	510.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	135,689.	14	89,209.
	15	Other assets. See Part IV, line 11	3,463.	15	18,786.
	16		45,737,646.		
		Total assets. Add lines 1 through 15 (must equal line 33)		16	39,389,801.
	17	Accounts payable and accrued expenses	816,375.	17	841,970.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	1,352,700.	19	1,314,207.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ı≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u> :		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	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	495,100.		18,326.
	26	Total liabilities. Add lines 17 through 25	2,664,175.	26	2,174,503.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	43,073,471.	27	37,215,298.
Ba	28	Net assets with donor restrictions.	NONE		NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			3103
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS (31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	12 072 171		27 215 200
Ne	33	Total liabilities and net assets/fund balances	43,073,471.	32	37,215,298.
	33	Total liabilities and het assets/fund balances,	45,737,646.	33	39,389,801. Form 990 (2021)

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,0		
5	Net unrealized gains (losses) on investments	5	_	8,0	81,	<u> 173</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6	64,	<u>724</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	7,2	<u>15,</u>	<u> 298</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e.	xplain	on			
	Schedule O.					
3a	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	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

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

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

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$ 495,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL Employer identification number
LANDMEN, INC. 575-0975500

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

Page 4 Schedule B (Form 990) (2021)

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

Employer identification number

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

		that have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy			•
Tax)	(See separate instructions), the	n	, rux) (occ separate ii	notifications, or 1 orni 550 i	-2, rait v, illic 555 (r 15x)
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Nam	e of organization AMERIC	CAN ASSOCIATION OF PROF	ESSIONAL	Employer ide	ntification number
	IDMEN, INC.				975500
Pai	•	organization is exempt under			
1	Provide a description of t definition of "political campa	he organization's direct and inc aign activities."	lirect political camp	aign activities in Part	IV. See instructions for
2	Political campaign activity e	xpenditures. See instructions		▶\$	
3	Volunteer hours for political	campaign activities. See instruction	ons		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization r	nanagers under secti	ion 4955 ▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the o	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		xpended by the filing organizatio			
2		ng organization's funds contribute			
3	line 17b	enditures. Add lines 1 and 2. Er			
5	Enter the names, addresses organization made payment the amount of political con-	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, etributions received that were product or a political action committee	ber (EIN) of all section nter the amount paid mptly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sche	edule C (Form 990) 2021	AMERIC	AN ASSOC	IATION OF PRO	FESSIONAL	75	-0975500 Page 2
Pa	complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	and "limited contro	ol" provisions app	oly.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
С	Total lobbying expenditures (ad	d lines 1	a and 1b) .		[
d	Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ıres (add	d lines 1c an	d 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$17,000,000 \$1,000,000.						
_	Grassroots nontaxable amount	•	•		<u>-</u>		
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
	(Some organizations the			aging Period Unde	, ,	ata all of the five column	una halaur
	(Some organizations that			te instructions for I			ins below.
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

Sched	ule C (Form 990) 2021 AMERICAN ASSOCIATION OF PROFESSIONAL			75-09	7550	0 F	age 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	}		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	ription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:			1			
a	Volunteers?			-			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			1			
	Media advertisements?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?						
	Total. Add lines 1c through 1i						
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section			
	501(c)(6).						
				r		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		X
Part	Complete if the organization is exempt under section 501(c)(4), section 501		-				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (I	o) Pa	rt III-A, I	line 3	i, is	
1	Dues, assessments and similar amounts from members			1	1.3	73,	553
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou					,,,,	000
	political expenses for which the section 527(f) tax was paid).	ınıs	OI				
	Current year			2a			
	Carryover from last year			2b			
	Total			2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?	-	-	4			
5	Taxable amount of lobbying and political expenditures. See instructions			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up lis	t); Part II	-A, Iir	nes 1	and
2 (Se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Part IV Supplemental Information (continued)

SCHEDULE C, PART III-B

LOBBYING:

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization	AMERICAN ASSOCIATION	OF PROFESSIONAL	Employer identification number
LAI	NDMEN, INC.			75-0975500
		tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	end of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		at end of year		
5			advisors in writing that the assets held	d in donor advised
	_		organization's exclusive legal control?	
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
	conferring imperm	nissible private benefit?		Yes No
Pa		ation Easements.		
			"Yes" on Form 990, Part IV, line 7.	
1			organization (check all that apply).	
	Preservatio	on of land for public use (for example		n of a historically important land area
		of natural habitat	Preservation	n of a certified historic structure
		on of open space		
2	· · · · · · · · · · · · · · · · · · ·	_	eld a qualified conservation contribution i	
		last day of the tax year.		Held at the End of the Tax Year
а				2a
b	_	-	3	2b
С			historic structure included in (a)	2c
d			e) acquired after 7/25/06, and not on a	
_		-		2d
3			nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year ▶			
4			rvation easement is located	Constitution of
5	=		garding the periodic monitoring, inspec	_
_			sements it holds?	
6	Starr and volunteer	nours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of owners		ting, handling of violations, and enforcing	
7	•	ses incurred in monitoring, inspec	ling, nandling of violations, and enforcing (conservation easements during the year
8	Doos oach consor	wation accoment reported on line (2(d) above satisfy the requirements of sec	tion 170/h)////P)/i)
0				
9	In Part XIII descri	ihe how the organization reports	conservation easements in its revenue ar	nd evnence statement and
•			of the footnote to the organization's finan-	
		counting for conservation easeme		olar statemente that describes the
Pa			of Art, Historical Treasures, or Othe	er Similar Assets.
			"Yes" on Form 990, Part IV, line 8.	
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical	treasures, or other similar asse	ASB ASC 958, not to report in its revenits held for public exhibition, education	, or research in furtherance of public
	• •		to its financial statements that describes	
b			ASB ASC 958, to report in its revenue ld for public exhibition, education, or re-	
	provide the follow	ring amounts relating to these iter	ns:	coars. In rainforance of public service,
				> \$
2			rt, historical treasures, or other similar	
	_		ASB ASC 958 relating to these items:	5 , 1 = 1 = 10
а	Revenue included	I on Form 990, Part VIII, line 1.		> \$
b	Assets included in	n Form 990, Part X		▶ \$

3 - I	uls D (5 000) 0004				== 00===00 = 0
		ASSOCIATION OF		- Other Circiles	75-0975500 Page 2
	t Organizations Maintaining Coll				· , , , , , , , , , , , , , , , , , , ,
3	Using the organization's acquisition, acce	ssion, and other recor	ds, check any of th	e following that r	nake significant use of its
	collection items (check all that apply):		٦		
а	Public exhibition	d	Loan or exchange	e program	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	s collections and expla	ain how they furthe	r the organization	's exempt purpose in Part
_	XIII.				
5	During the year, did the organization solicit				
	assets to be sold to raise funds rather than		rt of the organization	n's collection?	Yes No
Ра	Complete if the organization an 990, Part X, line 21.		m 990, Part IV, line	e 9, or reported a	in amount on Form
1a	Is the organization an agent, trustee, cus	todian or other interm	nediary for contribut	tions or other ass	ets not
	included on Form 990, Part X?		-		Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	lowing table:		
		•			Amount
С	Beginning balance		1c		
d	Additions during the year				
е	Distributions during the year		1e		
f	Ending balance		1f		
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or c	ustodial account lia	ability? Yes No
b	If "Yes," explain the arrangement in Part X	III. Check here if the ex	xplanation has been p	provided on Part XII	·
Pa	t V Endowment Funds.				
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, line	e 10.	
	(a) C	urrent year (b) Prio	r year (c) Two yea	ars back (d) Three y	/ears back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2 a	Provide the estimated percentage of the c Board designated or quasi-endowment ▶_	urrent year end balance	e (line 1g, column (a)) held as:	
b	Permanent endowment ▶%				
С	Term endowment ▶%				
	The percentages on lines 2a, 2b, and 2c s	•			
3a	Are there endowment funds not in the poss	session of the organiza	ition that are held ar	nd administered for	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	izations listed as require	ed on Schedule R?.		3b
4	Describe in Part XIII the intended uses of t		wment funds.		
Pa	Land, Buildings, and Equipment Complete if the organization ar	t. Iswered "Yes" on For	m 990 Part IV/ lin	e 11a See Form	990 Part X line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		1,392,051.		1,392,051.
b	Buildings		3,824,357.	725,404.	3,098,953.

36,408.

72,247.

1,340,534.

9,533

72,247.

1,236,787

4,621,626. Schedule D (Form 990) 2021

26,875.

103,747.

NONE

c Leasehold improvements

d Equipment.....

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

(a) Description of security or category			
(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	ie
al derivatives			
held equity interests			
Complete if the organization answered			X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	ie
(1) (5) (20) (5) (7) (7) (7) (7)			
	"Vos" on Form 99	O Part IV line 11d See Form 900 Part	Y line 15
			b) Book value
(a) Des	scription		b) Book value
umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Other Liabilities.			
	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 99	0, Part X,
	tion of liability		b) Book value
al income taxes	•	,	-
			18,326.
	held equity interests	In (b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related. Complete if the organization answered "Yes" on Form 991 (a) Description of investment Other Assets. Complete if the organization answered "Yes" on Form 991 (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) . Other Liabilities. Complete if the organization answered "Yes" on Form 991 line 25. (a) Description of liability al income taxes	held equity interests

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	1,058,035.
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-8,081,173.
3	Subtract line 2e from line 1	3	9,139,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 166,557.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	831,281.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,970,489.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,916,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6 016 000
3	Subtract line 2e from line 1	3	6,916,208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b		4c	166,557.
С 5	Add lines 4a and 4b	5	7,082,765.
	XIII Supplemental Information.		7,002,703.
2; Par ——	de 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 SUPPLEMENTAL PAGE	nation.	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF AUDITED REVENUE TO FORM 990 REVENUE:

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

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

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

SCHEDULE I (Form 990)

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

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATI	ON OF PROFE	SSIONAL				Employer identification	on number
LANDMEN, INC.						75-0975500	
Part I General Information on Grants	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro Part II Grants and Other Assistance to Part IV, line 21, for any recipier 	rants or assistand ocedures for mor o Domestic Or	e? nitoring the use ganizations ar	of grant funds in th	e United States.	plete if the organiza	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AAPL EDUCATIONAL FOUNDATION, INC.							
800 FOURNIER STREET FORT WORTH, TX 76102	23-7243157	501(C)(3)	100,000.				DISASTER RELIEF
_(2)							
(3)							
(4)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	•	•					1

Part III	Grants and Other Assistance to Domestic Individuals. C	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
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

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

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

THE ORGANIZATION MADE GRANTS TO ITS RELATED 501(C)(3) ORGANIZATION. DUE TO THE NATURE OF THE RELATIONSHIP, THERE IS NO NEED TO MONITOR THE USE OF GRANT FUNDS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

► Attach to Form 990.

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

2021
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

LANDMEN , INC .

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number 75-0975500

Part I 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 1b 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 2 Χ 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 Х Written employment contract Χ Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: Χ 4a Χ **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 6? If "Yes," describe in Part III, 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 8

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

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-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. GRETA P. ZEIMETZ,	(i)	269,003.	50,000.	NONE	34,391.	28,530.	381,924.	
1 AAPL EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
AMANDA JOHNSON	(i)	133,419.	20,873.	14,807.	19,573.	3,836.	192,508.	
2 CHIEF ACCOUNTING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
RUSSELL COHEN	(i)	119,946.	12,000.	15,696.	16,163.	790.	164,595.	
3 DIRECTOR OF GOVERNMENT AFFAIRS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LEANN CALLIHAN	(i)	238,199.	35,000.	NONE	34,644.	43,798.	351,641.	
4 AAPL VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

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

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

PRESIDENT'S SPOUSE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

75-0975500

AMERICAN ASSOCIATION OF PROFESSIONAL

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS:

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

I. PRACTICING LAND PROFESSIONAL. THE APPLICANT SHALL BE A LAND

PROFESSIONAL WITH A 4-YEAR COLLEGE DEGREE OR FOUR OR MORE YEARS OF

CONTINUOUS ENGAGEMENT AS A LAND PROFESSIONAL.

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

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

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

THREE NON-VOTING MEMBERSHIPS ARE ALSO AVAILABLE:

ASSOCIATE MEMBER, STUDENT MEMBER, AND HONORARY MEMBER.

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

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

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

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

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

MAINTAINED AT THE HEADQUARTERS TO DETERMINE THE VOTING ELIGIBILITY OF ANY

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

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

Employer identification number

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

GOVERNING DECISIONS BY PERSONS OTHER THAN THE GOVERNING BODY:

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

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

FORM 990 REVIEW PROCESS:

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

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

CONFLICT OF INTEREST POLICY:

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

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

COMPENSATION REVIEW:

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

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

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

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

JOINT VENTURE ARRANGEMENT SAFEGAURDS:

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

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

COMPENSATION REVIEW:

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

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

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

FORM 990, PART VII-COMPENSATION OF THE 5 HI	GHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIGITAL 3 PRINTING 2730 N. STEMMONS FWY. STE. 740W		
DALLAS, TX 75207	PRINTING	397,816.
LUTHER KING CAPITAL MANAGEMENT 301 COMMERCE STREET, SUITE 1600 FORT WORTH, TX 76102	INVESTMENT SERVICES	158,580.
PERSONIFY, INC PO BOX 735327 DALLAS, TX 75373	SOFTWARE ENHANCEMENT	142,833.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LANDMEN, INC.

AMERICAN ASSOCIATION OF PROFESSIONAL

Open to Public Inspection

OMB No. 1545-0047

75-0975500

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 ap			(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NAPE MANAGEMENT, LLC		20-4920726					
800 FOURNIER STREET	FORT WORTH, I	'X 76102	TRADE SHOWS	TX	16,969.	12,085.	AAPL
_(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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) AAPL EDUCATIONAL FOUNDATION, INC. 23-7243157							
800 FOURNIER STREET FORT WORTH, TX 76102	EDUCATION	TX	501(C)(3)	12A, TYPE 1	AAPL	Х	
(2) LANDMAN SCHOLARSHIP TRUST 23-7122144							
800 FOURNIER STREET FORT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	12A, TYPE 1	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)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		oountry)		,			Yes	No		Yes	No	
(1) NAPE EXPO, LP 20-4920808												
800 FOURNIER STREET FORT WORTH	TRADE SHOWS	TX	NONE	EXCLUDED FROM TAX	1,713,874.	1,220,608.		Х	4,253.	Х		50.5000
(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	_	
b	Gift, grant, or capital contribution to related organization(s)		1b	Х	
С	Gift, grant, or capital contribution from related organization(s)		1c	X	
	Loans or loan guarantees to or for related organization(s)				X
е	Loans or loan guarantees by related organization(s)		1e		X
f	Dividends from related organization(s)		1f		X
g	Sale of assets to related organization(s)				X
	Purchase of assets from related organization(s)				X
i	Exchange of assets with related organization(s)				X
j	Lease of facilities, equipment, or other assets to related organization(s)			Х	
-					
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				X
	n Performance of services or membership or fundraising solicitations by related organization(s)				X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х	
	Sharing of paid employees with related organization(s)			Х	
р	Reimbursement paid to related organization(s) for expenses		1p	X	
	Reimbursement paid by related organization(s) for expenses			Х	
•					
r	Other transfer of cash or property to related organization(s)		1r		Х
s	Other transfer of cash or property from related organization(s)	<u></u>	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above its "Yes," see the instructions of the above its "Yes," see the above its "Yes	ansaction thr	esholo	ls.	
	(a) (b) (c)	N4. 11	(d)		
	Name of related organization Transaction type (a-s) Amount involved		d of det ount inv		ıg

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NAPE EXPO, LP	A	105,196.	FMV
(2) AAPL EDUCATIONAL FOUNDATION, INC	В	100,000.	FMV
(3) AAPL EDUCATIONAL FOUNDATION, INC	С	73,748.	FMV
_(4)			
(5)			
(6)			

Schedule R (Form 990) 2021

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.

	coctions 512 514)						(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	aging ner?	(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	
1										

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

	form, visit www.irs.gov/e-file-providers/e-file-		• •	structions). For more de	italis on the	electronic			
Automatic	6-Month Extension of Time. Only subn	nit original	(no copies needed).						
-	tions required to file an income tax return ot form 7004 to request an extension of time to		•	20-C filers), partnership	os, REMICs	, and trusts			
Type or	Name of exempt organization or other filer, see a AMERICAN ASSOCIATION OF PROFI	Taxpayer identification nu	mber (TIN)						
print	LANDMEN, INC.	75-0975500)						
File by the due date for	Number, street, and room or suite no. If a P.O. b								
iling your	800 FOURNIER STREET City, town or post office, state, and ZIP code. For	or a faraign ad	Idroop oon instructions						
eturn. See nstructions.		or a foreign ad	idress, see instructions.						
	FORT WORTH, TX 76102								
Enter the R	eturn Code for the return that this application	n is for (file	a separate application for	or each return)		0 1			
Application		Return	Application			Return			
ls For		Code	Is For			Return Code 08 09 10 11			
Form 990 o	r Form 990-EZ	01	Form 1041-A			08			
Form 4720	(individual)	03	Form 4720 (other tha	ın individual)		09			
Form 990-P	F	04	Form 5227	10					
	(sec. 401(a) or 408(a) trust)	05	Form 6069						
Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07									
If the orgIf this is for the who	800 FOURNIER ST ne No. ► 817 847-7700 ganization does not have an office or place of for a Group Return, enter the organization's folle group, check this box he names and TINs of all members the extensions.	business ir our digit Gro If it is for pa	oup Exemption Number	ck this box (GEN)	If th	nis is			
	est an automatic 6-month extension of time u		05/15 , 202	, to file the exempt	organizati	ion return			
for the	c organization named above. The extension is calendar year 20 or tax year beginning 07 tax year entered in line 1 is for less than 12 rechange in accounting period	s for the orong $/01$, 2021 months, check	ganization's return for:, and endingck reason:	06/30_, eturn Final return	20 <u>22</u> .				
	application is for Forms 990-PF, 990-T	, 4720, or	6069, enter the ter	ntative tax, less any					
	fundable credits. See instructions.	4700	6060 onter en	undable overtite end	3a \$	NONE			
	application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior ye		•		01- 6	NONE			
	ce due. Subtract line 3b from line 3a. I				3b \$	NONE			
	EFTPS (Electronic Federal Tax Payment Syste	•	' '	o, ii roquirou, by	3c \$	NONE			
	ou are going to make an electronic funds withdraw			see Form 8453-TE and Fo					
For Privacy	Act and Panerwork Reduction Act Notice see ins	tructions			Form 8868	(Pay 1-2022)			

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