Form	9	9	0
Departn Internal			

### **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.

20 Open to Public Inspection

7

OMB No. 1545-0047

A	For tl	he 2017	calendar year, or tax year beginning 07/01, 2017,	, and end	ding		06	5/30, <b>20</b> 1	8		
-			C Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,			D Employer id					
Б	Check if a	applicable:	INC.								
	Addı ohar		Doing Business As			75-097	550	0			
	Nam	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e	E Telephone n	umbe	r			
	Initia	al return	800 FOURNIER STREET			(817) 847-7700					
	Tern	minated	City or town, state or province, country, and ZIP or foreign postal code								
	Ame retur	ended	FORT WORTH, TX 76102			G Gross receip	ots \$	12,49	4,843.		
		lication	F Name and address of principal officer: MELANIE BELL			H(a) Is this a gro					
			SAME AS C ABOVE FORT WORTH, TX 76102			subordinates H(b) Are all subord		ncluded? Ye			
1	Tax-ex	xempt sta	tus: 501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) d	or	527			t. (see instructions	السيسمية		
J	Webs	site: 🕨 🕅	WWW.LANDMAN.ORG			H(c) Group exem					
ĸ	Form	of organi	zation: X Corporation Trust Association Other ►	L Yea	r of format	tion: 1987 M			le: TX		
P	art I	Sun	imary					gan a			
	1	Briefly	describe the organization's mission or most significant activities: MISSIC	ON IS 7	O PRO	MOTE THE	HIG	HEST			
8			DARDS OF PERFORMANCE FOR ALL LAND PROFESSIONA								
ano		STAT	URE, AND ENCOURAGE SOUND AND ETHICAL STEWARDS	SHIP OF	ENER	GY.					
ern	2		this box ▶ if the organization discontinued its operations or dispose								
Governance	3	Numbe	or of voting members of the governing body (Part VI, line 1a)			0 113 1161 83361	3.		49.		
		Numbe	or of independent voting members of the governing body (Part VI, line 1b)	• • • • •	• • • •		4		49.		
Activities &	5	Total n	umber of individuals employed in calendar year 2017 (Part V, line 2a)	••••	• • • •		5		24.		
ť	6	Total n					6		50.		
Ac	7a		umber of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12	• • • • •	••••		0 7a	30	67,366		
	b	Net un	related business taxable income from Form 990-T, line 34	• • • • •	••••	••••	7a 7b		78,743		
					<u>••••</u>	Prior Year	01	Current			
	8	Contrib	putions and grants (Part VIII, line 1h).			65,90	10	Current	Tear		
nue	9	Progra	m service revenue (Part VIII, line 2a)	Y FOR	1	2,568,93		3 13	38,057		
Revenue	10	Investo	m service revenue (Part VIII, line 2g), nent income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTIO	N	1,954,13					
Å	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,746,13			15,416		
	12	Total re	evenue (Fart Vin, column (A), intes 5, 60, 60, 90, 100, and TTe)	• • • • •	•	8,335,10			04,140		
	13	Grante	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	• • • • •	•				57,613		
	14	Bonofit	and similar amounts paid (Part IX, column (A), lines 1-3)		•	50,00		/ 4	41,964		
	40	Selerie	s paid to or for members (Part IX, column (A), line 4)		·	2 1 7 0 01	0.		0		
Expenses	160	Drofood	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		·	3,170,81		2,73	35,839		
ben	h	Totol f	sional fundraising fees (Part IX, column (A), line 11e)		•		0.		0		
ŭ	47	Othere	Indraising expenses (Part IX, column (D), line 25) ▶0		-	2 2 2 4 5 2					
	17	Uner e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		·	3,834,69			34,502.		
	18 19	Deve	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		•	7,055,51			52,305.		
ro es		Revent	e less expenses. Subtract line 18 from line 12	<u></u>	•	1,279,59			95,308.		
ance of the second	20	Tatala			Begin	ning of Current Y		End of Y			
Asse Bala	20	Total as	ssets (Part X, line 16)		•	33,518,82			97,545.		
Net Assets o Fund Balance	21		abilities (Part X, line 26)		·	2,517,67			38,246.		
	rt II		ets or fund balances. Subtract line 21 from line 20.	<u></u>	•	31,001,14	5.	34,00	9,299.		
			nature Block								
true	e, corre	ect, and co	perjury, I declare that I have examined this return, including accompanying schedul omplete. Declaration of preparer (other than officer) is based on all information of whic	les and stat	ements, a has anv kr	and to the best of	my ƙ	nowledge and	belief, it is		
									······································		
Sig	n		ignature of officer			05/1	5/2	019			
He		1				Date					
		1 <b>D</b>	ELANIE BELL EXECUT	IVE VP	OF A	APL					
•											
Paic	I		/pe preparer's name Preparer's signature	Date	.1.0	Check	if F	PTIN			
	barer	ALIS		511	4/19	self-employe	be	P0050958	5		
	Only	Firm's n				Firm's EIN 🕨	44-	0160260			
		Firm's a	ddress ▶ 3200 RIVERFRONT DRIVE, SUITE 200 FORT WORTH, TX 76107			Phone no.	817	.332.230	1		
			uss this return with the preparer shown above? (see instructions)			<u></u>		X Yes	No		
For	Paper	rwork R	eduction Act Notice, see the separate instructions.						0 (2017)		

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, 75-0975500

For	m 990 (2017)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: AAPL'S MISSION IS TO PROMOTE THE HIGHEST STANDARDS OF PERFORMANCE	
	FOR ALL LAND PROFESSIONALS, TO ADVANCE THEIR STATURE, AND TO	
	ENCOURAGE SOUND AND ETHICAL STEWARDSHIP OF ENERGY AND MINERAL	
	RESOURCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and a	allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	AAPL IS AN ORGANIZATION REPRESENTING MEN AND WOMEN ENGAGED IN	/
	PETROLEUM AND MINERAL LAND MATTERS. ITS PURPOSES ARE CARRIED OUT BY	
	A MONTHLY MAGAZINE/JOURNAL WITH A DISTRIBUTION OF APPROXIMATELY	
	16,400 COPIES; IN EXCESS OF 90 EDUCATIONAL EVENTS, QUARTERLY BOARD	
	MEETINGS AND AN ANNUAL MEETING/CONFERENCE. AAPL HAS APPROXIMATELY	
	16,400 MEMBERS.	
41-	(Carles ) (Evenences () including grants of () ) (Decence ()	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ►	
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	190 (2017) Charlint of Paguirad Schodulas		F	age 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	103	x
2	complete Schedule A	2		X
2 3				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	21	
4	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,	4		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	v	
•	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			v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
~	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	•		х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	X	
24a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25h		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
N	Schedule L. Part IV.	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	L
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		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

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AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		·
	Enter the number reported in Roy 2 of Form 1006. Enter 0 if not applicable 1a 34		Yes	No
	Enter the number reported in Box's of Point 1090. Enter -0- in not applicable.			
	Enter the number of Forms w-2G included in line 1a. Enter -0- in hot applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	х	
20	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b>			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, 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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
L	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
L	required to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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#### AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	٧O
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.
	Check if Schedule O contains a response or note to any line in this Part VI	Χ

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 <b>1a</b> 49 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line Ta, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		х
	any other officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken 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 reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Х	
40		13	Х	
13 14	Did the organization have a written whistleblower policy?	14	X	
14		17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
-	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	155		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	162		х
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
	organization's exempt status with respect to such arrangements?	16b		
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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain in Schedule O)

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

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

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Page 7

Part VII	Compens Independ			s, Direct	ors,	Trust	ees, Ke	y Employ	ees,	High	lest Co	mper	sated	Emp	loyee	es, a	nd
	•			a respons	e or n	ote to a	ny line in	this Part VII.								[	
Section A.	Officers, D	irectors,	Trustees,	Key Emp	loyee	s, and I	Highest C	ompensated	l Empl	loyees	5						
1a Comple				roquirod 4	a ha	liated	Depart	aamnanaatii	on for	tho	aalandar	voor	onding	with	or w	ithin	the

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(C) (B) Position					(D)	(E)	(F)		
Name and Title	Average	(do r	not cl			e than c	one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an					compensation	compensation from	amount of
	week (list any	office	er and	dad	lirect	or/trust	ee)	from	related	other
	hours for related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DAVID W. MILLER	2.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(2)BLAINE E. GAMBLE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3)CHRISTIN L. FABER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(4)DALE HOFFMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)DAN KOSTRUB	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)DAVID W. POTTS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)DUSTIN E. HAMLETT	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)GREG M. RIEDL	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)JAMES 'JIM' DEVLIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) JASON M. DOWNS	1.00	-								
DIRECTOR	0.	Х						0.	0.	0.
(11) JAY A. RITTER	1.00	-								
DIRECTOR	0.	Х						0.	0.	0.
(12) JEFF C. MYERS	1.00	-								
DIRECTOR	0.	Х						0.	0.	0.
(13) JERRY D. PADILLA	1.00	-								
DIRECTOR	0.	X						0.	0.	0.
(14)JOEL LOSHAK	1.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0.

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Form 990 (2017)

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No

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Yes

Х

5

(C) Compensation

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		below dotted line)	ual trustee ctor	tional trustee		nployee	st compensated yee	-			
15)	JOHN C. KROGMANN JR.	1.00									
	DIRECTOR	0.	Х						0.		
16)	JOHN R. LEE	1.00									
	DIRECTOR	0.	Х						0.		
17)	JOSHUA S. MCAFEE	1.00									
	DIRECTOR	0.	Х						0.		
18)	JUSTIN C. RAMMELL	1.00									
	DIRECTOR	0.	Х						0.		
19)	KEVIN HALBERT	1.00									
	DIRECTOR	0.	Х						0.		
20)	KYLE REYNOLDS	1.00									
	DIRECTOR	0.	Х						0.		
21)	LINDSEY N. MILES	2.00									
	SECOND VICE PRESIDENT	0.	Х		Х				0.		
22)	MATTHEW L. CROWELL	1.00									
	DIRECTOR	0.	Х						0.		
23)	NIKKI SITCH	1.00									
	DIRECTOR	0.	Х						0.		
24)	PATRICK L. SPINDLER	1.00									
	DIRECTOR	0.	Х						0.		
25)	STEVE N. RAPANOS	1.00									
	DIRECTOR	0.	Х						0.		
с	1b Sub-total       0.         c Total from continuation sheets to Part VII, Section A       1,021,754.										
	Total (add lines 1b and 1c)								1,021,754.	****	
2	Total number of individuals (including but not			liste 5	ed a	DOV	e) who	o re	ceived more than a	\$100,000	
	reportable compensation from the organization			2							
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than									
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co									
Se	ction B. Independent Contractors	I						,			
1	Complete this table for your five highest com compensation from the organization. Report c year.										
	(A)								(B)		
_	Name and business add	lress							Description of se	rvices	
AT	TACHMENT 1										
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos 4	se li	sted above) who	received	
JSA 7E10	55 1.000 2699NU A87C 5/14/2019 3:4	9:11 PM	V	17	-7.	10			101510B		

#### Form 990 (2017) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (B) (D) (E) (F) Name and title Reportable Reportable Estimated Average Position (do not check more than one amount of hours per compensation compensation from box, unless person is both an week (list any from related other officer and a director/trustee) compensation hours for the organizations or directo Institution Highest c employee Officer Former Key from the related (W-2/1099-MISC) organization organizations organization / empl (W-2/1099-MISC) and related below dotted organizations 15) JOHN ( DIRE 0 16) JOHN ( DIRE 0 JOSH 17) ( DIRE 0 JUST 18) ( DIRE 0 19) KEVI ( DIRE 0

0. 1b Sub-to 0. 192,581. c Total 0. 192,581. d Total 0 of 2 Total r report

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

Se	ction B. Independ	lent Contra	ctors												
	for services rende	ered to the	organizatio	? If "Y	'es," com	plete Schedule	J for s	such j	person .						
5	Did any person	listed on li	ne 1a rece	ive or	accrue	compensation	from	any	unrelated	organiz	ation	or	ind	ividu	al

1 Comp 00.000 of ganization's tax compe year.

ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 4	e listed above) who received	
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Page 8

	art VII Section A. Officers, Directors, Tru		<u> </u>				anai				<u> </u>		
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	<b>(F)</b> Estima amoun othe compens	ited it of ir satior
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2́/1099-M	ISC)	from t organiza and rela organiza	ation ated
26	) TERRY P. CAVES	1.00											
	DIRECTOR	0.	Х						0.		0.		
27		1.00											
	DIRECTOR	0.	Х						0.		0.		
28		1.00											
	DIRECTOR	0.	Х						0.		0.		
29		2.00											
	FIRST VICE PRESIDENT	0.	Х		Х				0.		0.		
0	) NICHOLAS D. HESS	2.00											
	THIRD VICE PRESIDENT	0.	Х		Х				0.		0.		
1	) HAMEL B. REINMILLER	2.00											
	SECRETARY	0.	Х		Х				0.		0.		
2	) GLEN L. MAULDIN	2.00											
	TREASURER	0.	Х		Х				0.		0.		
3	) PAUL WOOD	1.00											
	DIRECTOR	0.	Х						0.		0.		
4	) JORDAN SPEARMAN	1.00											
	DIRECTOR	0.	Х						0.		0.		
5	) RICHARD A. HINES	1.00											
	DIRECTOR	0.	Х						0.		0.		
6	) AARON R. YOST	1.00											
	DIRECTOR	0.	Х						0.		0.		
	<ul> <li>Sub-total</li> <li>Total from continuation sheets to Part VII, S</li> <li>Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organization)</li> </ul>	limited to tl		liste				re	eceived more than	\$100,000 of			
											_	Ye	s
3	Did the organization list any former offic												
	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividı	ual						. [	3	
4	organization and related organizations gr	eater than	\$15	0,0	00?	p If	"Yes	;,"	complete Schedu			<b>4</b> X	
_	individual											<b>4</b> X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	
S	ection B. Independent Contractors	, 1									-	I	
1	Complete this table for your five highest com compensation from the organization. Report of year.											; tax	
	(A)								(B)			(C)	
	Name and business add								Description of se			npensatio	

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 **>** 

(D)

Reportable

compensation

from

(E)

Reportable

compensation from

related

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

(B)

Average

hours per

week (list any

(C)

Position

(do not check more than one

box, unless person is both an

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No

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Yes

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Form 990 (2017)

PAGE 12

(C) Compensation

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

		hours for	office	er an		lirect	tor/trust	ee)	the	organizations	comp
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and orga
37)	HUBERT F. GREEN III	1.00									
381	DIRECTOR NICK C. MCCLELLAND	0.	X						0.	0.	
	DIRECTOR	0.	x						0.	0.	
39)	MICHAEL A. DEWALD	1.00									
	DIRECTOR	0.	Х						0.	0.	
40)	C. ANDREW COOPER	1.00									
41.	DIRECTOR	0.	X	_					0.	0.	
41)	NICK WATKINS DIRECTOR	1.00	x						0.	0.	
42)	DANNY M KIDWELL	1.00		-					0.	0.	
== /	DIRECTOR	0.	x						0.	0.	
43)	RYAN C. BENSING	1.00									
	DIRECTOR	0.	Х						0.	0.	
44)	EMILY G. BEARD	1.00									
	DIRECTOR	0.	X						0.	0.	
45)	MICHAEL A. PISCIOTTE DIRECTOR	1.00	x						0.	0.	
46)	JOSEPH L. TESSARO II	1.00		-					0.	0.	
	DIRECTOR	0.	x						0.	0.	
47)	PAMELA D. FEIST	1.00									
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	section A	hose	•••	•••	•••		► ► ► •	eceived more than	\$100,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	00?	? It	"Yes	s," •••	complete Schedu	le J for such	4
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
	ction B. Independent Contractors										
1	Complete this table for your five highest com compensation from the organization. Report of year.										
	(A) Name and business add	dress							<b>(B)</b> Description of se	ervices (	<b>(C)</b> Compens
	<b>T</b>										
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	a to	b thos	se l	isted above) who	received	
JSA 7E10	<sup>55 1.000</sup> 2699NU A87C 5/14/2019 3:4	9:11 PM	τ7	17	_7	10			1015105		Form
	2022NU AO/C 2/14/2019 3:4	.∍•II PM	V	т/	-/.	. ±0			101510B		

#### Form 990 (2017)

(A)

Name and title

Part VII

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39) (

(D)

Reportable

compensation

from

(E)

Reportable

compensation from

related

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

(C)

Position (do not check more than one

box, unless person is both an

(B)

Average

hours per

week (list any

0.

0.

11,455.

54,053.

67,957.

11,633.

47,483.

Yes No

Form 990 (2017) PAGE 13

Х

Х

(F)

Estimated

amount of

other

compensation

from the organization and related organizations

	hours for	office				or/trust		trom the	relate organiza		compensatio
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organizatio and related organization
48) LARRY BUZAN DIRECTOR	1.00	x						0.		0.	
49) CRANFORD D. NEWELL, JR.	1.00										
DIRECTOR 50) AMANDA JOHNSON	0. 40.00	X						0.		0.	
CONTROLLER	0.			х				101,184.		Ο.	11,4
51) MELANIE BELL EXEC. VP OF AAPL	40.00	-		x				319,570.		0.	54,0
52) LE'ANN CALLIHAN	40.00			^				519,570.		0.	
DIRECTOR OF COMMUNICATIONS	0.					Х		244,974.		0.	67,9
53) RUSSELL COHEN GOVERNMENTAL AFFAIRS MANAGER	40.00	-				х		124,575.		0.	11,6
54) CHRISTOPHER HALAZCYNSKI DIRECTOR OF EDUCATION-PART YR	40.00					x		231,451.		0.	47,4
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	limited to th n ►	hose !	liste 5	d al	bove	e) who	o re				Yes
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations gr</li> </ul>	lule J for suc	ch ind oortat	lividi ole c	<i>ual</i> com	pen	satio	n ai	nd other compens	sation from	the	3
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li> </ul>	accrue co	mpen	sati	 on 1	from	n any	un	related organization	on or indivi	idual	4 X 5
<ul> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest com compensation from the organization. Report of year.</li> </ul>											
(A) Name and business add	dress							<b>(B)</b> Description of se	rvices	С	<b>(C)</b> Compensation
2 Total number of independent contractors (ii	ncluding by	it no	+ lin	nito		those		istad abaya) wha	raceived		
more than \$100,000 in compensation from th				ine(							Form <b>990</b>
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#### Form 990 (2017) Part VII

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52) (

(A)

Name and title

#### Form 990 (2017)

Instrume         CAL         (P) Eventse         (P)	Par	t VII	Statement of Revenue Check if Schedule O contains a resport	nse or note to ar	v line in this Part VI			
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows					(A)	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	(D) Revenue excluded from tax under sections
Bit Total. Add lines 14:01         Datases Code         717, 977.         717, 977.           b         microtrans. INSTRIAM         90009         71, 737.         717, 977.         117, 977.           c         microtrans. INSTRIAM         90009         11, 808, 192.         1.808, 192.         1.808, 192.           c         microtrans. INSTRIAM         90009         11, 97, 977.         119, 477.         119, 477.           c         microtrans. INSTRIAM         90009         13, 475.         19, 475.         119, 475.           c         microtrans. INSTRIAM         90009         13, 475.         93, 455.         116, 776.           c         microtrans.INSTRIAM         90009         13, 475.         93, 455.         116, 772.           d         Total. Add lines 2a.27         14, 104, 108.2         417, 484.         417, 484.           4         Income from investment of tax-exempt bord proceeds         0.         118, 272.         118, 272.           d         Gross rents.	nts nts	1a	Federated campaigns					
Bit Total: Add lines 14:11         Datases Code         717, 977.         717, 977.           20         AdvL. Add With RetTind         90099         717, 977.         717, 977.         717, 977.           4         Mark Add lines 24:71         90099         71, 977.         717, 977.         717, 977.           4         Mark RetTind With RetTind States 4: 0009         90099         71, 977.         717, 977.         717, 977.           4         Mark Add lines 24:71         90099         71, 977.         717, 977.         717, 977.           4         Intermediation Income (Including dividends, Interest, and there similar amounts).         1.444.01.082.24:1         1.444.01.082.24:1         1.444.01.082.24:1           5         Royalide .         1.766.4         101 Persona         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1.11.1         1	Gun							
Bit Total. Add lines 14:01         Datases Code         717, 977.         717, 977.           b         microtrans. INSTRIAM         90009         71, 737.         717, 977.         117, 977.           c         microtrans. INSTRIAM         90009         11, 808, 192.         1.808, 192.         1.808, 192.           c         microtrans. INSTRIAM         90009         11, 97, 977.         119, 477.         119, 477.           c         microtrans. INSTRIAM         90009         13, 475.         19, 475.         119, 475.           c         microtrans. INSTRIAM         90009         13, 475.         93, 455.         116, 776.           c         microtrans.INSTRIAM         90009         13, 475.         93, 455.         116, 772.           d         Total. Add lines 2a.27         14, 104, 108.2         417, 484.         417, 484.           4         Income from investment of tax-exempt bord proceeds         0.         118, 272.         118, 272.           d         Gross rents.	Am (	c						
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows	ilar İlar	d	-					
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows	ns, Sim	е	Government grants (contributions) 1e					
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows	er S	f	All other contributions, gifts, grants,					
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows	ē fi		and similar amounts not included above _ 1f					
B         Total: Add lines 14:11         Dataset Code         T17, 977.         T17, 977.           0         0         00009         11, 907, 977.         17, 977.         17, 977.           0         0         00009         11, 908, 192.         1.808, 192.         1.908, 192.           0         0         0.0009         11, 908, 192.         1.908, 192.         1.908, 192.           0         0         0.0009         1.908, 192.         1.908, 192.         1.908, 192.           0         0.0009         19, 445.         19, 445.         19, 445.         19, 445.           1         Ald Loting range range rows rows rows rows rows rows rows rows	nd D	g	Noncash contributions included in lines 1a-1f: \$					
3       Investment income (including dividends, interest, and other similar amounts)		h	Total. Add lines 1a-1f	<u></u>	0.			
3       Investment income (including dividends, interest, and other similar amounts)	nue			Business Code				
3       Investment income (including dividends, interest, and other similar amounts)	eve	2a	AAPL ANNUAL MEETING	900099	717,977.	717,977.		
3       Investment income (including dividends, interest, and other similar amounts)	e R	b	EDUCTIONAL SEMINAR	611710	698,948.	698,948.		
3       Investment income (including dividends, interest, and other similar amounts)	Zic	c	MEMBERSHIP DUES	900099	1,808,192.	1,808,192.		
3       Investment income (including dividends, interest, and other similar amounts)	Se	d	CERTIFICATION FEES & DUES	900099	119,475.	119,475.		
3       Investment income (including dividends, interest, and other similar amounts)	ram	е	RENTAL INCOME FROM AFFILIATE	900099	93,465.	93,465.		
3       Investment income (including dividends, interest, and other similar amounts)	.ogi	f	All other program service revenue					
and other similar amounts).       417,848.       427,848.       427,848.         4       Income from investment of tax-exempt bond proceeds       0.       0.       0.         5       Royalitis       0.       118,272.       118,272.         6       Gross rents       0.       0.       0.       0.         7       Gross rents       0.       0.       0.       0.         7       Gross rents leopones       0.       0.       0.       0.         7       Gross amount from sales of assets other than inventory       4.834,798.       0.       0.       0.         8       Gross in come from fundraising events (not including \$\sigma\$ (0) Other assets other than inventory       1,197,568.       1,197,568.       1,197,568.         8       Gross income from gaming activities.       0.       0.       0.       0.         9       Gross income from gaming activities.       0.       0.       0.       0.         9       Gross income from gaming activities.       0.       0.       0.       0.         9       Gross income from gaming activities.       0.       0.       0.       0.         9       Gross income from gaming activities.       0.       0.       0.	<u>ā</u>	g	Total. Add lines 2a-2f	· · · · · · · •	3,438,057.			1
4       Income from investment of tax-exempt bond proceeds       0.       118,272.       119,272.         6a       Gross rents       0.       118,272.       119,272.         6a       Gross rents       0.       118,272.       119,272.         6a       Gross rents       0.       0.       118,272.       119,272.         6a       Gross rents       0.       0.       0.       0.         7a       Gross rents       0.       0.       0.       0.         7a       Gross amout from sales of       0.       0.       0.       0.         7a       Gross amout from sales of       0.       0.       0.       0.         7a       Gross amout from sales of       0.       0.       0.       0.         7a       Gross income of ther basis and sales expenses       3.637,230.       1.197,568.       1.197,568.         8a       Gross income from fundraising events (not including \$       0.       0.       0.       0.         9a       Gross income from gaming activities.       0.       0.       0.       0.       0.         9a       Gross income from gaming activities.       0.       0.       0.       0.       0.       0.       0. <td></td> <td>3</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		3	· · · · · · · · · · · · · · · · · · ·					
a       Income introduction intercention of lobe biological intercention intercentercention intercententex intercentinterention intercention interc								417,848.
Ga       Gross rents       (i) Personal         (i) Real       (ii) Personal         (ii) Less: rental expenses       (iii) Personal         (iii) Construction       (iii) Personal         (iiii) Construction       (iii) Personal         (iiii) Construction       (iii) Personal         (iiii) Construction       (iii) Other         (iii) Construction       (iiii) Other         (iii) Construction       (iii) Other         (iii) Construction       (iiii) Other         (iiii) Construction       (iiii) O			•	•				
Ga       Gross rents		5			118,2/2.			118,272.
b       Less: rental expenses								
c       Rental income or (loss)								
d       Net rental income or (loss)		b						
7a       Gross amount from sales of assets other than inventory assets other than inventory 4.834.798.       (i) Other 4.834.798.         b       Less: cost or other basis and sales expenses				►	0			
1       Gross ankohn from sams of and sales expenses					0.			
Bulkers: cost or other basis and sales expenses		10						
and sales expenses			,					
and subscriptions of points provided of points of poin		d	2 628 020					
Bit of (loss)       1,197,568.       1,197,568.         a Gross income from fundraising events (not including \$								
Ba       Gross income from fundraising events (not including \$					1,197,568.			1,197,568.
events (not including \$								
c       Net income or (loss) from fundraising events.       0.         9a       Gross income from gaming activities. See Part IV, line 19       a         b       Less: direct expenses       0.         c       Net income or (loss) from gaming activities.       0.         c       Net income or (loss) from gaming activities.       0.         10a       Gross sales of inventory, less returns and allowances       0.         b       Less: cost of goods sold       0.         Miscellaneous Revenue       Business Code       0.         Miscellaneous Revenue       900003       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total Add lines 11a-11d       *       *       3,685,868.       *       5,032,438.	nue	oa	-					
c       Net income or (loss) from fundraising events.       0.         9a       Gross income from gaming activities. See Part IV, line 19       a         b       Less: direct expenses       0.         c       Net income or (loss) from gaming activities.       0.         c       Net income or (loss) from gaming activities.       0.         10a       Gross sales of inventory, less returns and allowances       0.         b       Less: cost of goods sold       0.         Miscellaneous Revenue       Business Code       0.         Miscellaneous Revenue       900003       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total Add lines 11a-11d       *       *       3,685,868.       *       5,032,438.	eve							
c       Net income or (loss) from fundraising events.       0.         9a       Gross income from gaming activities. See Part IV, line 19       a         b       Less: direct expenses       0.         c       Net income or (loss) from gaming activities.       0.         c       Net income or (loss) from gaming activities.       0.         10a       Gross sales of inventory, less returns and allowances       0.         b       Less: cost of goods sold       0.         Miscellaneous Revenue       Business Code       0.         Miscellaneous Revenue       900003       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total Add lines 11a-11d       *       *       3,685,868.       *       5,032,438.	R							
c       Net income or (loss) from fundraising events.       0.         9a       Gross income from gaming activities. See Part IV, line 19       a         b       Less: direct expenses       0.         c       Net income or (loss) from gaming activities.       0.         c       Net income or (loss) from gaming activities.       0.         10a       Gross sales of inventory, less returns and allowances       0.         b       Less: cost of goods sold       0.         Miscellaneous Revenue       Business Code       0.         Miscellaneous Revenue       900003       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total Add lines 11a-11d       *       *       3,685,868.       *       5,032,438.	othe	ь						
See Part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       0.         10a       Gross sales of inventory, less returns and allowances       a         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory.       b         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory.       0.         Miscellaneous Revenue       Business Code       a         11a       ADVERTISING/CIRCULATION       900003       367,366.         b       PARTINERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total revenue. See instructions.       3,685,868.       a       a       5,032,438.	0				0.			
See Part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       0.         10a       Gross sales of inventory, less returns and allowances       a         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory.       b         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory.       0.         Miscellaneous Revenue       Business Code       a         11a       ADVERTISING/CIRCULATION       900003       367,366.         b       PARTINERSHIP INC - NAPE EXPO       511120       2,487,107.         c       NAPE EXPO FEE       900003       44,377.       19,752.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total revenue. See instructions.       3,685,868.       a       a       5,032,438.		9a	Gross income from gaming activities.					
c       Net income or (loss) from gaming activities.       0.       0.         10a       Gross sales of inventory, less returns and allowances a       0.       0.         b       Less: cost of goods sold b       0.       0.         c       Net income or (loss) from sales of inventory			• •					
c       Net income or (loss) from gaming activities.       0.       0.         10a       Gross sales of inventory, less returns and allowances a       0.       0.         b       Less: cost of goods sold b       0.       0.         c       Net income or (loss) from sales of inventory		b	Less: direct expenses <b>b</b>					
returns and allowances       a       a       a       b       a       b       b       Less: cost of goods sold       b       b       b       Less: cost of goods sold       b       b       b       Less: cost of goods sold       b       b       C       Net income or (loss) from sales of inventory       b       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		c		<u></u>	0.			
b       Less: cost of goods sold b       b       b       0.       0.         Miscellaneous Revenue       Business Code       0.       0.       0.       0.         Miscellaneous Revenue       900003       367,366.       367,366.       0.         D       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.       0.       2,487,107.         C       NAPE EXPO FEE       900003       44,377.       19,752.       24,625.         d       All other revenue       See instructions.       8,857,613.       3,457,809.       367,366.       5,032,438.		10a	Gross sales of inventory, less					
c       Net income or (loss) from sales of inventory.       >       0.          Miscellaneous Revenue       Business Code            11a       ADVERTISING/CIRCULATION       900003       367,366.       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.       2,487,107.         c       NAPE EXPO FEE       900099       787,018.       787,018.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total revenue. See instructions.       3,685,868.           12       Total revenue. See instructions.       8,857,613.       3,457,809.       367,366.       5,032,438.			returns and allowances a					
Miscellaneous Revenue         Business Code         Miscellaneous         Revenue         Business Code         Miscellaneous         Advection         State		b						
11a       ADVERTISING/CIRCULATION       900003       367,366.       367,366.         b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.       2,487,107.         c       NAPE EXPO FEE       900099       787,018.       787,018.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total. Add lines 11a-11d		c			0.			
b       PARTNERSHIP INC - NAPE EXPO       511120       2,487,107.       2,487,107.         c       NAPE EXPO FEE       900099       787,018.       787,018.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total. Add lines 11a-11d       Image: See instructions.       8,857,613.       3,457,809.       367,366.       5,032,438.								
c       NAPE EXPO FEE       900099       787,018.       787,018.         d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total. Add lines 11a-11d       Image: Construction Struction Str		11a					367,366.	
d       All other revenue       900003       44,377.       19,752.       24,625.         e       Total. Add lines 11a-11d       Image: Construction in the image: Constructin in the image: Constructin in the image: Constructio		b						
e       Total. Add lines 11a-11d       >       3,685,868.		c						
12         Total revenue. See instructions.         8,857,613.         3,457,809.         367,366.         5,032,438.		d		L		19,752.		24,625.
						2 455 000	268-266	E 030 432
	JSA	12		•••••	8,85/,613.	3,45/,809.		·

JSA 7E1051 1.000

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C)	<b>(D)</b> Fundraising
Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	741,964.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	544,460.			
6 Compensation not included above, to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,734,790.			
	, - ,			
8 Pension plan accruals and contributions (include	Ο.			
section 401(k) and 403(b) employer contributions)	456,589.			
9 Other employee benefits	430,389.			
0 Payroll taxes				
1 Fees for services (non-employees):	106,230.			
a Management	56,294.			
b Legal				
c Accounting	56,781.			
d Lobbying	2,482.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	444,605.			
12 Advertising and promotion	62,948.			
3 Office expenses	216,165.			
4 Information technology	223,560.			
I5 Royalties	0.			
6 Occupancy	276,908.			
7 Travel	252,969.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	140,517.			
20 Interest	0.			
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	377,590.			
	50,228.			
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aNNUAL MEETING & REPORT	548,859.			
	366,464.			
bLANDMAN JOURNAL & DIRECTORY				
CUNRELATED BUSINESS TAX	47,401.			
dEDUCATION SEMINARS	459,195.			
e All other expenses	195,306.			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,362,305.			
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)	0.			

Form 990 (2017)

	n 990 (i				Page <b>11</b>
Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	ort V		
		Check il Schedule O contains a response of note to any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,090,728.	1	896,993.
	2	Savings and temporary cash investments	2,457,167.	2	3,511,162.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	-756.	4	5,389.
	5	Loans and other receivables from current and former officers, directors,			•
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		Ū	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Prepaid expenses and deferred charges	44,213.	9	86,897.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D <b>10a</b> 6,289,721.			
	b	Less: accumulated depreciation	5,245,587.	10c	4,974,415.
	11	Investments - publicly traded securities	24,549,421.	11	26,919,197.
	12	Investments - other securities. See Part IV, line 11	510.	12	510.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	83,404.	14	99,690.
	15	Other assets. See Part IV, line 11	48,548.	15	3,292.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,518,822.	16	36,497,545.
	17	Accounts payable and accrued expenses	677,156.	17	716,375.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	1,840,521.	19	1,771,871.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	2,517,677.	26	2,488,246.
ŝ		Organizations that follow SFAS 117 (ASC 958), check here <b></b>			
ľn Cé	27	Unrestricted net assets	31,001,145.	27	34,009,299.
ala	28	Temporarily restricted net assets	0.	28	0.
Р	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
s o	30	Capital stack or trust principal, or surrent funds		30	
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	31,001,145.	33	34,009,299.
2	34	Total liabilities and net assets/fund balances	33,518,822.	34	36,497,545.
	. <b>.</b> .				Eorm <b>990</b> (2017)

Form 990 (2017)

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, 75-0975500

Form 99	90 (2017)			Pa	ge <b>12</b>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		857,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		362,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		95,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,0		
5	Net unrealized gains (losses) on investments	5	1,3	347,4	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	.65,3	356.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	34,0	09,2	299.
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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	X         Separate basis         Consolidated basis         Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in	1		
	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	0			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Form	990	(2017)

Internal Reve	nue Service		► Go to www.irs.gov/Form990 for	instructions and the	latest inform	ation.	Inspection
-			on Form 990, Part IV, line 3, or Form		6 (Political C	ampaign Activi	
		0	Complete Parts I-A and B. Do not comp		<b>.</b>		
			on 501(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not compl	ete Part I-B.	
	0	•	olete Part I-A only. on Form 990, Part IV, line 4, or Form		7 (Labbuing		_
•		,	that have filed Form 5768 (election ur	, ,			
		-	that have NOT filed Form 5768 (election and				•
		-	on Form 990, Part IV, line 5 (Proxy		••••••		•
	eparate instru			, (	,		, ,
	. , . , .		anizations: Complete Part III.				
	ganization AM	IERICAN	ASSOCIATION OF PROFESSI	ONAL LANDMEN,			ntification number
INC.						75-097	
Part I-A	-		rganization is exempt under				
	•		organization's direct and indirect p	political campaign a	ctivities in F	Part IV. (see ir	nstructions for
			ign activities")				
			penditures (see instructions)				
3 Volu			campaign activities (see instruction				
Part I-B			rganization is exempt under				
1 Ente	r the amount	of any exc	ise tax incurred by the organizatio	n under section 495	5	▶\$	
2 Ente	r the amount	of any exc	ise tax incurred by organization m	anagers under sect	ion 4955	▶\$	
			a section 4955 tax, did it file Form				
4a Was	a correction r	made?					Yes No
b If "Ye	es," describe i						
Part I-C	Complet	te if the o	rganization is exempt under	section 501(c), ex	xcept sect	ion 501(c)(3	s).
			xpended by the filing organization				
			g organization's funds contributed es				
			nditures. Add lines 1 and 2. En				
			e Form 1120-POL for this year?				
5 Enter	r the names.	addresses	and employer identification numb	er (EIN) of all section	on 527 pol	itical organiza	
			s. For each organization listed, en				
			ributions received that were prom				
as a s	separate seg	regated fun	d or a political action committee (	PAC). If additional sp	pace is need	ded, provide i	information in Part IV.
	(a) Name		(b) Address	(c) EIN		nt paid from	(e) Amount of political
						ganization's	contributions received and
					funds. If n	one, enter -0	promptly and directly delivered to a separate
							political organization. If
							none, enter -0
(1)							
(')				-			
(2)							
(-)				-			
(3)							
(-)							
(4)							
(-)				-			
(5)							
(~)				1			
(6)					1		
()				1			
For Papar	ork Poduction		e, see the Instructions for Form 990 o	000_E7	1	Cohodal	e C (Form 990 or 990-EZ) 2017
I UL FADELW			. 355 115 1131 451013 101 FULLI 990 0	330-LL.		achedul	

JSA 7E1264 1.000					
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OMB No. 1545-0047

**Open to Public** 

17

20

#### (Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury

SCHEDULE C

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

**Political Campaign and Lobbying Activities** 

Schedule C (Form 990 or 990-EZ) 2017	AMERICAN	ASSOCIATION	OF	PROFESSIONAL	LANDMEN,	75-0975500	Pa
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Sch	nedule C (Form 990 or 990-EZ) 2017 AMERIC	CAN ASSOCIATION OF PROFESSIONAL L	ANDMEN, $75-0$	975500 Page <b>2</b>
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	: Total lobbying expenditures (add lines 1	a and 1b)		
e	Fotal exempt purpose expenditures (ad-	d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter th columns.	e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying 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 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	g Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł		ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Page	3
i age	-

Schedule C (F	Schedule C (Form 990 or 990-EZ) 2017						
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).						

For	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed			(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
De		( ) (=)		

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III answered "Yes."					3, is
				1	000

1	Dues, assessments and similar amounts from members	1	1,888,538
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		0 400
а	Current year	2a	2,482
b	Carryover from last year.	2b	
	Total		2,482
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	2,482
<b>D</b> -	TW Supplemental Information		

#### Part IV Supplemental Information

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

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)

101510B

Page 4

#### SCHEDULE D (Form 990)

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

Depa	artment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions	and the latest infor	mation.	Inspection
Nam	e of the organization	AMERICAN ASSOCIATION O	F PROFESSIONAL LA	ANDMEN,	Employer identifica	ation number
INC	2.				75-09755	00
Pa	art I Organiza	ations Maintaining Donor Adv	ised Funds or Other S	imilar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 6.		
	•	<u>_</u>	(a) Donor advise	d funds	(b) Funds and	l other accounts
1	Total number at e	and of year				
2		of contributions to (during year)				
3		of grants from (during year)				
3 4		at end of year				
		tion inform all donors and donor	advisara in vuriting that	the eccete held	in denor odvised	
5	-		-			
	-	anization's property, subject to the	-	-		Yes No
6	-	ion inform all grantees, donors, a				
		e purposes and not for the bene			• • •	
		nissible private benefit?				Yes No
Pa		ation Easements.				
		e if the organization answered				
1		nservation easements held by the		at apply).		
	Preservatio	on of land for public use (e.g., rec	reation or education)	Preservation	of a historically im	portant land area
	Protection	of natural habitat		Preservation	of a certified histo	ric structure
	Preservatio	on of open space				
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conservat	ion contribution ir	<u>the form of a con</u>	servation
	easement on the	last day of the tax year.			Held at the	End of the Tax Year
а	Total number of c	conservation easements			2a	
b		stricted by conservation easements			2b	
с		rvation easements on a certified			2c	
d		ervation easements included in (c		. ,		
ŭ		listed in the National Register	, i		2d	
3		ervation easements modified, trar			· · · · · · · · · · · · · · · · · · ·	nization during the
3	tax year ►	availon easements moumed, trai	isierieu, releaseu, exting		lated by the organ	lization during the
4			wation accoment is locat			
4		where property subject to conse			line herelline of	
5		zation have a written policy reg				
		forcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations	, and enforcing cor	servation easements	during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violation	s, and enforcing c	onservation easem	ents during the year
	▶\$					
8		vation easement reported on line 2				
		n)(4)(B)(ii)?				📖 Yes 📖 No
9	In Part XIII, descr	ibe how the organization reports	conservation easements	s in its revenue and	d expense stateme	nt, and
	balance sheet, ar	nd include, if applicable, the text o	of the footnote to the org	anization's financ	ial statements that	describes the
	organization's acc	counting for conservation easeme	nts.			
Pa	art III Organiza	ations Maintaining Collections	of Art, Historical Trea	asures, or Othe	r Similar Assets	•
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 8.		
1a	If the organization	n elected, as permitted under SF	FAS 116 (ASC 958), no	t to report in its	revenue statemer	t and balance sheet
	works of art, his	torical treasures, or other simila	ar assets held for publi	c exhibition, edu	ication, or researc	ch in furtherance of
b	If the organizatio	n elected, as permitted under	SFAS 116 (ASC 958), 1	to report in its r	evenue statement	and balance sheet
	works of art, his	torical treasures, or other simila	ar assets held for publi-	c exhibition, edu	ication, or researc	ch in furtherance of
		ovide the following amounts relati			• •	
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			• \$	
		ed in Form 990, Part X				
2	-	on received or held works of a				al gain, provide the
		s required to be reported under S				
а		on Form 990, Part VIII, line 1.				
b	Assets included in	n Form 990, Part X	<u></u> .			
For	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.		Sch	edule D (Form 990) 2017

JSA

OMB No. 1545-0047 2017

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, 75-0975500

Schee	dule D (Form 990) 2017												age <b>2</b>
Par	t III Organizations Maintainir	ng Colleo	tions of	Art, Hist	orical T	reasu	res,	or Oth	ner Similar	Asset	<b>s</b> (cont	inue	d)
3	Using the organization's acquisition	n, access	ion, and	other recor	ds, checl	k any c	of the	follow	ing that are	) a sign	ificant us	se of	f its
	collection items (check all that appl	ly):			-								
а	Public exhibition			d	-	or exch	ange	prograi	ms				
b	Scholarly research			е	Other								
С	Preservation for future gener												
4	Provide a description of the organ XIII.	nization's o	collections	s and expla	ain how 1	they fu	rther	the or	ganization's	exempt	purpose	e in I	Part
5	During the year, did the organizatio	on solicit o	r receive o	donations o	f art, hist	orical tr	reasu	res, or	other similar				
	assets to be sold to raise funds rath	er than to	be maint	ained as pa	rt of the	organiz	ation'	s colleo	ction?	<u> [</u>	Yes		No
Par	t IV Escrow and Custodial Ar												
	Complete if the organizat	ion answ	ered "Ye	s" on Forn	n 990, P	art IV,	line 9	), or re	ported an a	amount	on Forr	n	
	990, Part X, line 21.												
1a	Is the organization an agent, truste				-					_	_		
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII	and com	plete the fo	lowing tab	ble:							
									Am	ount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	ount on F	orm 990,	Part X, line	21, for e	escrow	or cu	stodial	account liabi	lity?	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII	. Check h	ere if the e	xplanation	n has be	en pr	ovided	on Part XIII				
Par	t V Endowment Funds.												
	Complete if the organizat	ion answ	ered "Ye	s" on Form	n 990, Pa	art IV, I	line 1	0.					
		<b>(a)</b> Curr	ent year	<b>(b)</b> Pric	or year	(c) Tw	vo year	s back	(d) Three yea	rs back	<b>(e)</b> Four y	ears b	ack
1a	Beginning of year balance												
b	Contributions												
с	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
•	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the cur	rent vear	end halanc	e (line 1a	columr	າ (ລ))	held as		I			
	Board designated or quasi-endowm		ionit your	%	o (iiilo ig,	, colum	(u))		•				
b	Permanent endowment	%		_									
с	Temporarily restricted endowment	▶	%										
	The percentages on lines 2a, 2b, a	-		100%.									
3a	Are there endowment funds not in				tion that	are hel	ld and	d admir	nistered for th	ne			
	organization by:			0							Y	es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	0											
-	t VI Land, Buildings, and Equi	ipment.											
	Complete if the organiza	tion answ											
	Description of property			r other basis stment)	(b) Cost o	or other ba other)	asis		cumulated eciation	(d	) Book valu	е	
1a	Land		(			392,05	51.	aopi			1,39	2,0	51.
b	Buildings					523,52		3	24,330.		3,29		
с	Leasehold improvements					47,44			4,333.			3,1	
d	Equipment					73,0			50,047.			2,9	
	Other				1,1	L53,68			36,596.			7,0	
	I. Add lines 1a through 1e. (Column	(d) must	equal For	m 990 Part					<b>&gt;</b>		4,97		
. 510		19/11/001	- 9001 1 011		.,	·· , (-), III	10 10	~ /			-, -,	-, -	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 7E1270 1.000

Schedule D (Form 990) 2017

Schedu	le D (Form 990) 2017		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	10,370,459.
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.)		
e	Add lines 2a through 2d	2e	1,512,848.
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,857,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	2.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,857,613.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,362,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,362,305.
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 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	7,362,305.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

JSA

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	AMERICAN ASSOCIATI	ON OF PROF	FESSIONAL	LANDMEN,	75-0975500	Page 5
Part XIII Supplemental Info	ormation (continued)					
FORM 990, PART XI, LINE	2 4B:					
ROUNDING		\$	2			
FORM 990, PART XI, LINE	2D:					

BOOK/TAX ADJUSTMENT IN PARTNERSHIP INVESTMENT \$165,358

JSA 7E1226 1.000

SCHEDULE I (Form 990)				Assistance t ndividuals in				омв No. 1545-0047
	Comp	lete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
Department of the Treasury	-		► Att	ach to Form 990.				Open to Public
Internal Revenue Service				/Form990 for the I	atest information	).		Inspection
Name of the organization	AMERICAN ASSOCIAT	ION OF PR	OFESSIONAL	LANDMEN,			Employer identific	
INC.							75-097550	0
Part I General In	oformation on Grants and	Assistanc	e					
the selection crite	ation maintain records to su eria used to award the grant IV the organization's proced	s or assistand	æ?					X Yes No
	d Other Assistance to D IV, line 21, for any recipi		-					es" on Form
	l address of organization 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) IPAA EDUCATIONAL E	FOUNDATION							
1201 15TH STREET,	NW SUITE 300	52-1849282	501(C)(3)	25,000.				EDUCATIONAL PROGRAMS
(2) AAPL EDUCATIONAL E	FOUNDATION, INC.							
800 FOURNIER FORT		23-7243157	501(C)(3)	585,764.				DISASTER RELIEF
(3) AAPL EDUCATIONAL B	FOUNDATION, INC.							
	ET FORT WORTH, TX 76102	23-7243157	501(C)(3)	31,200.				DEVELOPMENT OF EDUCA
(4) COLORADANS FOR RES	SPONSIBLE ENERGY DEVELOPME							
1099 18TH STREET I		46-3501403	501(C)(3)	100,000.				EDUCATING THE PUBLIC
(5)								
(6)		-						
(7)		_						
(8)		_						
(9)								
(10)		_						
(11)		-						
(12)		-						
	er of section 501(c)(3) and get of other organizations list	•	•					4.
	on Act Notice, see the Instructi					<u></u>		edule I (Form 990) (2017)

JSA

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

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

Page 2

(Forr	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organizatio	<b>ISation Information</b> ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	3. 0	<sup>IB No.</sup> 20 pen to	17	olic
Name	of the organization	AMERICAN ASSOCIATION OF	' PROFESSIONAL LANDMEN,	Employer identification	numbe	r	
INC				75-0975500			
Part	Question	s Regarding Compensation	L				
		<u> </u>				Yes	No
1a b	990, Part VII, First-cla X Travel fo Tax inde Discretio If any of the or reimburse explain	Section A, line 1a. Complete Part III to ss or charter travel or companions mnification and gross-up payments onary spending account boxes on line 1a are checked, did th ment or provision of all of the ex	by ided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as, maid, ch ne organization follow a written policy repenses described above? If "No," com	these items. personal use nal residence on fees auffeur, chef) ogarding payment plete Part III to	16	X	
-	-			-			
3	1a? Indicate which organization's related organ X Comper Indepen	n, if any, of the following the filing organ CEO/Executive Director. Check all that	D/Executive Director, regarding the items nization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa $\boxed{X}$ Written employment contract $\boxed{X}$ Compensation survey or study $\boxed{X}$ Approval by the board or compensation	on of the ds used by a art III.	2	x	
4 a b c	organization of Receive a sev Participate in, Participate in,	or a related organization: verance payment or change-of-control payment or receive payment from, a suppleme or receive payment from, an equity-ba	Part VII, Section A, line 1a, with respect to ayment? Intal nonqualified retirement plan? ased compensation arrangement? rovide the applicable amounts for each it	· · · · · · · · · · · · · · · · · · ·	4a 4b 4c	X	X X
5 a b	For persons li compensation The organizati Any related of If "Yes" on lin	isted on Form 990, Part VII, Section A, n contingent on the revenues of: ion? rganization? e 5a or 5b, describe in Part III.	rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue , line 1a, did the organization pay or accrue	•••••	5a 5b		
a b	compensation The organizat Any related on If "Yes" on lin	n contingent on the net earnings of: ion? rganization? e 6a or 6b, describe in Part III.			6a 6b		
7 8 9	payments not Were any am to the initial in Part III	described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII, contract exception described in I	n A, line 1a, did the organization prov escribe in Part III. paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If low the rebuttable presumption proced	at was subject "Yes," describe	7		
	Regulations s	ection 53.4958-6(c)?		<u></u>	9		
For Pa		tion Act Notice, see the Instructions for Fo		Schedu		orm 990	) 2017

#### Page 2

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

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

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

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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
LE'ANN CALLIHAN	(i)	213,200.	30,500.	1,274.	31,011.	36,946.	312,931.	
1 DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.				
MELANIE BELL	(i)	262,500.	50,000.	7,070.	35,140.	18,913.	373,623.	
2 <sup>EXEC. VP OF AAPL</sup>	(ii)	0.	0.	0.				
CHRISTOPHER HALAZCYNSKI	(i)	155,262.	17,000.	59,189.	28,891.	18,592.	278,934.	
DIRECTOR OF EDUCATION-PART YR	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

JSA

Page 3

Schedule J (Form 990) 2017

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

DAVID MILLER, TRAVEL.

SCHEDULE J, PART I, LINE 4A

CHRISTOPHER HALASZYNSKI - SEVERANCE PAYMENT OF \$57,938 IN MARCH 2018 AND

COBRA PAYMENTS TOTALING \$4,515 FROM APRIL TO JUNE 2018.

#### 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.



Department of the Treasury Internal Revenue Service

Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.in	rs.gov/form990. Inspection
Name of the organization	AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,	Employer identification number
INC.		75-0975500

FORM 990, PART VI, SECTION A, LINE 6 ALL NEW APPLICANTS FOR ACTIVE MEMBER STATUS ON OR AFTER JUNE 1, 1993, SHALL BE REQUIRED TO MEET THE FOLLOWING MINIMUM OBJECTIVE STANDARDS: I. PRACTICING LAND PROFESSIONAL. THE APPLICANT SHALL BE A LAND PROFESSIONAL WITH A 4-YEAR COLLEGE DEGREE OR FOUR OR MORE YEARS OF CONTINUOUS ENGAGEMENT AS A LAND PROFESSIONAL. II. SPONSORSHIP. THE APPLICATION MUST BE SPONSORED BY ONE ACTIVE MEMBER OF AAPL. TTT. EMPLOYMENT CLASSIFICATION. THE APPLICANT SHALL BE CLASSIFIED EITHER AS AN EXEMPT EMPLOYEE BY THE APPLICANT'S EMPLOYER OR AS AN INDEPENDENT CONTRACTOR. IV. ETHICAL CONDUCT AND STANDARDS OF PRACTICE. THE APPLICANT MUST EXECUTE SUCH DOCUMENTATION AS AAPL MAY REQUIRE AFFIRMING THE APPLICANT'S WILLINGNESS TO BE BOUND BY AND ABIDE WITHIN THE AAPL CODE OF ETHICS AND STANDARDS OF PRACTICE. THREE NON-VOTING MEMBERSHIPS ARE ALSO AVAILABLE: ASSOCIATE MEMBER, STUDENT MEMBER, AND HONORARY MEMBER.

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

ONLY ACTIVE MEMBERS MAY VOTE IN THE AFFAIRS OF THE AAPL, SPONSOR MEMBERSHIP APPLICATIONS, OR SERVE AS A DIRECTOR OF THE AAPL. THE ELECTION OF OFFICERS SHALL BE BY BALLOT OF THE VOTING MEMBERS. RECORDS ARE MAINTAINED AT THE HEADQUARTERS TO DETERMINE THE VOTING ELIGIBILITY OF ANY MEMBER. EACH ACTIVE MEMBER OF THE AAPL SHALL BE ENTITLED TO ONE VOTE.

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

FORM 990, PART VI, SECTION B, LINE 11B 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 STATEMENTS ARE OBTAINED FROM ALL NEW DIRECTORS AND COMMITTEE CHAIRMAN AT ORIENTATION AND ALL NEW AAPL AND NAPE EMPLOYEES.

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

PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE FINANCE COMMITTEE IN NOVEMBER. A RECOMMENDATION TO THE EXECUTIVE COMMITTEE IS MADE AND REVIEWED IN DECEMBER AND THEN APPROVED. SALARY SURVEYS, IN THE FORM OF REVIEW OF PUBLIC 990S FOR NON-PROFIT ASSOCIATIONS, ARE USED FOR COMPARISON. RECORDS ARE KEPT OF THE PROCESS AND RESULTS.

FORM 990, PART VI, SECTION B, LINE 15B PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE VICE-PRESIDENT IN DECEMBER OF EACH YEAR FOR OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, THE AAPL BYLAWS, STANDARDS OF PRACTICE AND THE AAPL CERTIFICATION PROGRAM, ARE PUBLISHED ANNUALLY IN THE LANDMAN'S

Schedule O (Form 990 or 990-EZ) 2017		Pa	age <b>2</b>
Name of the organization AMERICAN ASSOCIATION OF PROFESSION INC.	ONAL LANDMEN,	Employer identification number 75-0975500	
DIRECTORY. THE DIRECTORY IS MAILED TO ALL PAID ME FINANCIAL STATEMENTS ARE MADE AVAILABLE TO ALL ME		Γ.	
FORM 990, PART VI, SECTION B, LINE 16B JOINT VENTURE ARRANGEMENT SAFEGAURDS: NAPE EXPO L	P IS AN ARRANGEMEN	л тнат	
IS SIMILAR TO A JOINT VENTURE. NAPE'S ONLY ACTIVI			
WHICH IS AN EXEMPT ACTIVITY UNDER IRC SECTION 513	. ALL PARTNERS IN	NAPE	
EXPO LP ARE TAX EXEMPT ORGANIZATIONS.			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS			
BOOK/TAX ADJUSTMENT ON PARTNERSHIP INVESTMENTS	\$163,358		
RECLASSIFICATION	\$ 1,998	ATTACHMENT 1	
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTO	DRS	
NAME AND ADDRESS	DESCRIPTION OF S	ERVICES COMPENSATION	N
DIGITAL 3 PRINTING 2730 N STEMMONS FRWY STE. 740 TOWER WEST DALLAS, TX 75207	PRINTING	423,573	
PERSONIFY, INC. PO BOX 759470 BALTIMORE, MD 21275-9470	SOFTWARE ENHANCI	EMENT 197,546	
SEEK CIO 105 SUNRISE DRIVE COPPELL, TX 75019	PERSONIFY SUPPO	RT 110,188	
LUTHER KING CAPITAL MANAGEMENT 301 COMMERCE STREET, SUITE 1600 FORT WORTH, UT 76102	INVESTMENT SERV	ICES 101,364	

101510B



Department of the Treasury

#### **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.



75-0975500

OMB No. 1545-0047

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

anization AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,

INC. Part I

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

Name, address, and EIN (	(a) (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
(1) NAPE MANAGEMENT, LLC	20-4920726					
800 FOURNIER STREET	FORT WORTH, TX 76102	TRADE SHOWS	TX	24,647.	877.	AAPL
(2)						
_(3)						
(4)						
(5)		_				
(6)						

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 o	organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	<b>g)</b> 512(b)(13) rolled tity?
							Yes	No
(1) AAPL EDUCATION FOUNDATION, INC.	23-7243157							
	RT WORTH, TX 76102	EDUCATIONAL	TX	501(C)(3)	11A, TYPE 1	AAPL	X	
(2) LANDMAN SCHOLARSHIP TRUST	23-7122144							
800 FOURNIER STREET FO	RT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	11A, TYPE 1	AAPL	X	
(3) NAPE CHARITIES FUND	45-3791212							
800 FOURNIER STREET FO	RT WORTH, TX 76102	GRANTS	TX	501(C)(3)	PF	AAPL	X	
(4)		-						
(5)		-						
(6)		-						
(7)		-						

101510B

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

Schedule R (Form 990) 2017

JSA

7E1307 1.000

Schedule R (Form 990) 2017

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging ner?	<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
(1) NAPE EXPO, LP 20-4920808	_											
800 FOURNIER STREET FORT WORTH	TRADE SHOW	TX	NONE	EXCLUDED FROM TAX	2,489,297.	88,624.		x	0.		х	50.5000
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)( control entity
(1)	_						Yes N
(2)							
	_						
(4) (5)	_						
(5) (6)							$\left  \right $
(7)							$\left  \right $

JSA 7E1308 1.000 Schedule R (Form 990) 2017

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,

75-0975500

Schedule R (Form 990) 2017

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more	elated organizations lis	ted in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	_	X
b	Sift, grant, or capital contribution to related organization(s)			1	_	_
C (	Gift, grant, or capital contribution from related organization(s)			1	c X	
d	oans or loan guarantees to or for related organization(s)				d	X
e	oans or loan guarantees by related organization(s)			1	e	X
fl	Dividends from related organization(s)					X
	Sale of assets to related organization(s)					X
	Purchase of assets from related organization(s)					X
	Exchange of assets with related organization(s)				_	X
j	ease of facilities, equipment, or other assets to related organization(s).		• • • • • • • • • • • • • • • • • • • •	1	J	
<b>I</b> . 1	acces of facilities, equipment, or other exacts from related exactization(a)			1	k	x
	ease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢		
	Performance of services or membership or fundraising solicitations for related organization(s)				•	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					<u> </u>
	Sharing of paid employees with related organization(s)					
0				· · · · · ·		
a	Reimbursement paid to related organization(s) for expenses.			1	p X	
	Reimbursement paid by related organization(s) for expenses					
-						
r (	Other transfer of cash or property to related organization(s)			1	r	Х
s	Other transfer of cash or property from related organization(s)			1	s	X
2	the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and transa	action thresho	lds.	
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	<b>(d</b> Method of d	) otormin	ling
		type (a-s)	Amount involved	amount i		
		P				
(1)	AAPL EDUCATIONAL FOUNDATION	В	585,764.	CASH		
(2)						
(2)						
(3)						
(9)						
(4)						
<u></u>						
(5)						
(6)						
JSA		·	Sch	edule R (For	n 990)	2017
7E1309 2	000					

Page 3

#### 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.

ty (b) (c) Primary activity Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under		<b>(f)</b> Share of total income	(g) Share of end-of-year assets		(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
		sections 512-514)	Yes	No			Yes	No		Yes	No	
			sections 512-514)	sections 512-514)         Yes	sections 512-514)         Yes         No	sections 512-514)       Yes       No	sections 512-514)       Yes       No	sections 512-514)         Yes         No         Yes	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	sections 512-514)YesNoYesNo $\sim$ <	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

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Page 4

Schedule R (Form 990) 2017

Page 5

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

#### **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

	2018 Estimated Tax	Α	
В.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2017 FORM 990-T C 15,773.		
	Required Annual Payment (Smaller of lines B or C)		15,773.
E.	Income tax withheld (if applicable)	Е	
	Balance (As rounded to the nearest multiple of )		15,776.

#### Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2017 overpayment	(d) Total amount paid and
r dyment namber	(u) Duio	(b) / mount	credit applied	credited (add (b) and (c))
1	11/15/2018	4,018.	299.	4,317.
2	12/15/2018	4,018.		4,018.
3	03/15/2019	4,018.		4,018.
4	06/15/2019	3,423.		3,423.
Total		15,477.	299.	15,776.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **ZZZU** Department of the Treasury Internal Revenue Service

#### **Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

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Attach to the corporation's tax return.

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

Name AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN,

INC.

Denuined Annual Deument

Employer identification number

75-0975500

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

Fai	Required Annual Payment			
1	Total tax (see instructions)		1	15,773.
2a b	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 Look-back interest included on line 1 under section 460(b)(2) for completed long-term	2a		
С	Credit for federal tax paid on fuels (see instructions)		24	
d 3	<b>Total.</b> Add lines 2a through 2c			
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete doesn't owe the penalty.	•		15,773.
4	Enter the tax shown on the corporation's 2016 income tax return. See instruction the tax year was for less than 12 months, skip this line and enter the amount of the tax year was for less than 12 months.			1,131.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation the amount from line 3	• • •		1,131.
Par	tll Reasons for Filing - Check the boxes below that apply. If	any boxes are checked, th	ie c	corporation must file

Form 2220 even if it doesn't o	owe a penalty	. See instructions.
--------------------------------	---------------	---------------------

6		The corporation is using the adjusted seasona	al installment method.								
7		The corporation is using the annualized incon	me installment method.								
8		The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.									
Part	Ш	Figuring the Underpayment									
				(1)	(.)	( 1)					

			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th ( <i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/2017	12/15/2017	03/15/2018	06/15/2018
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in					
	each column.	10	283.	283.	283.	282.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.	11	1,731.			
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		1,448.	1,165.	882.
13	Add lines 11 and 12	13		1,448.	1,165.	882.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,731.	1,448.	1,165.	882.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 <u></u>	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column Part IV on page 2 to figure the penalty. Do not		1,448.	1,165.	882.	

Co to rattry on page 2 to ngure the penalty. Do not go to raitry in there are no entries on line 17 - no penalt

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

Form <b>990-T</b>	Exempt Organization (and proxy tax					'n	OMB No. 1545-0687
	For calendar year 2017 or other tax year begin	ning	07/01, 2017,	and ending	g06/30_,2	0 <u>18</u> .	2017
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Do not enter SSN numbers on this form a Name of organization (Check bo		ne changed and see				501(c)(3) Organizations Only over identification number
B Exempt under section			0		·		yees' trust, see instructions.)
Х 501( C )( б )	Print Number, street, and room or suite no. I	faRO	hov coo instructions			75-00	975500
	or	1 1 .0		-	-		ated business activity codes
408(e) 220(e 408A 530(a							structions.)
529(a)	City or town, state or province, country	v. and Z	IP or foreign postal c	ode			
<b>C</b> Book value of all assets	FORT WORTH, TX 76102					51112	20
at end of year	F Group exemption number (See instructi		•			-	-
36,497,545.	G Check organization type ► X 501	,		501(c)	trust	401(a)	trust Other trust
	zation's primary unrelated business activity.						
	was the corporation a subsidiary in an affili						
	ame and identifying number of the parent co	-		bolaidi y ot	introlled group :		
	e of AMANDA JOHNSON	poruti		Telephone	e number ► 81	7-847-	-7700
	Trade or Business Income		(A) Incom		(B) Expensi		(C) Net
	sales			-	(=) =,pon		(0)
<ul> <li>b Less returns and allow</li> </ul>		1c					
	Id (Schedule A, line 7)	2		-			
-	otract line 2 from line 1c	2	<u> </u>				
	income (attach Schedule D)	- 3 - 4a					
		4a 4b					
	orm 4797, Part II, line 17) (attach Form 4797)						
	action for trusts	4c 5					
. ,	partnerships and S corporations (attach statement)	5 6					
	nedule C)						
	nanced income (Schedule E)	7					
	alties, and rents from controlled organizations (Schedule F)						
	a section 501(c)(7), (9), or (17) organization (Schedule G)						
	activity income (Schedule I)	10	282	687.	1.04	6,796.	175,891.
	ne (Schedule J)	11		773.	ATCH 1	0,190.	7,773.
	ee instructions; attach schedule)	12		460.		6,796.	
	nes 3 through 12						
	ns Not Taken Elsewhere (See instr				, (	exception	or contributions,
	ns must be directly connected with t				,		T
	f officers, directors, and trustees (Schedule K)						
	es						
	ntenance						
	chedule)						
							8,860.
	butions (See instructions for limitation rules)		1			. 20	0,000.
	ach Form 4562)					_	
	n claimed on Schedule A and elsewhere on re					22b	
	deferred compensation plans						
	t programs						
	xpenses (Schedule I)						05.061
	p costs (Schedule J)						95,061.
	s (attach schedule)						102 001
	Add lines 14 through 28						103,921.
	ess taxable income before net operating						79,743.
	s deduction (limited to the amount on line 30						
	ess taxable income before specific deduction						79,743.
	on (Generally \$1,000, but see line 33 instruc						1,000.
	ess taxable income. Subtract line 33 fr			-			
enter the smaller	of zero or line 32				<u></u>	. 34	78,743.
	tion Act Notice, see instructions.	_					Form <b>990-T</b> (2017)
2699NU A8	7C 5/14/2019 3:49:11 PM	V 1	/-/.10	1	01510B		PAGE 4

Form	990-T (20	017)	2	AMERICAN	ASSC	CIATION	N OF PR	OFESS	IONA	AL LANDME	EN,	75-0	975500	F	-age <b>2</b>
Par	t III	Tax Comput	ation												
35	Organ	izations Taxab	le as (	Corporatior	<b>1s.</b> See	instructio	ons for t	ax com	putatio	on. Controlle	ed group				
	membe	ers (sections 1561	and 156	3) check he	re 🕨 🗌	See ins	tructions	and:							
а	Enter y	our share of the	\$50,000	), \$25,000,	and \$9	9,925,000	taxable_in	come b	racket	s (in that or	der):				
	(1) \$			(2) \$			(3) \$								
b	Enter o	organization's share	of: (1) Ac	ditional 5%	tax (not	more than	\$11,750) <mark>.</mark>		\$	5					
	(2) Add	litional 3% tax (not	more that	an \$100,000)					. \$	5					
С	Income	e tax on the amoun										► 35c		15,7	173.
36	Trusts	Taxable at				tructions		•							
		ount on line 34 fro													
37	•	ax. See instruction												ť	596.
38		tive minimum tax													
39		Non-Compliant Fa	•											16,4	160
		Add lines 37, 38 ar		ne 350 or 30	, which	ever applies						. 40		10,4	109.
		Tax and Pay					4440		410						
	-	n tax credit (corpor										_			
		credits (see instruct										_			
		al business credit. for prior year minir										_			
		redits. Add lines 4										41e			
42		ct line 41e from lin	-									•		16,4	169.
43		ixes. Check if from:													
44		ax. Add lines 42 ar								-		44		16,4	169.
		nts: A 2016 overpa							1	1	1,731				
		stimated tax paym													
		posited with Form									15,037	7.			
		n organizations: Ta													
		withholding (see													
f	Credit f	for small employer	health in	surance pren	niums (A	ttach Form	8941)		45f						
g		credits and paymen			Form 24	.39									
	F	orm 4136		(	Other			Total 🕨	45g						
46	Total p	ayments. Add line	s 45a thre	ough 45g 🚬							• • •	. 46		16,7	768.
47		ted tax penalty (se										47			
48		e. If line 46 is less													
49		yment. If line 46 is	-					unt overp	baid .					4	299.
50		e amount of line 49 y Statements	ou want:	Credited to 2	018 estir	nated tax 🕨	· 299.	a a re l tra f		Re Re	funded	<b>&gt;</b> 50			
Par														Yes	No
51	,	time during the			,	0					0		,	Tes	NO
		financial accour Form 114, Re	· ·			,	•								
	here			FUIEIGIT Dai	ik anu	FILIALICIA	Accounts.		5, ent			e loreign	country		x
50					a a diate	ibution from		* * * * * * * *	-	f	* 10 0 10	naion truct			X
52	•	the tax year, did tl see instructions for	•					t the gra	intor o	r, or transfero	r to, a fo	reign trust			
53	,	he amount of tax-e		0				ar 🕨 \$							
<u></u>	_	Inder penalties of perju	•						hedules	and statements,	and to the	e best of my	knowledge	and beli	ief, it is
Sigr	n   ⊾ <sup>tr</sup>	ue, correct, and complete	e. Declaratio	n of preparer (oth	her than ta	xpayer) is based	d on all inform	ation of wh	ich prep	oarer has any knov			-		
Here		MELANIE BELI	_			05/1	5/2019	EXE	CUTI	VE VP OF		May the I with the I			
	- ' -	ignature of officer				Date		Title				(see instructio			No
		Print/Type prepare	r's name			Preparer's s	ignature		[	Date	Ch	eck if	PTIN		
Paid		ALISON WI	LLIAMS	5							se	lf-employed	P005		5
Prep			BKD, I									m's EIN ▶4	4-0160	260	
058	Only	Firm's address 🕨	3200 R	IVERFRON	T DRIV	/E, SUIT	'E 200,	FORT	WORT	H, TX 761	07 Ph	one no. 8	17.332	.230	1

Form **990-T** (2017)

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, 75-0975500

Form 990-T (2017)								I	Page 3		
Schedule A - Cost of Go	oods Sold. Er	ter method	of invent	ory valuation							
1 Inventory at beginning of y	ear 1			6 Inventory	at end of yea	ar	6				
2 Purchases	2					Id. Subtract line					
3 Cost of labor	3			6 from I	ine 5. En	ter here and in					
4a Additional section 263A co	osts			Part I, line	2		7				
(attach schedule)	4a			8 Do the rules of section 263A (with respect to Yes N							
<b>b</b> Other costs (attach schedu				property	produced	or acquired for	r resale) apply				
5 Total. Add lines 1 through	4b <b>5</b>			to the orga	anization?				Х		
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso								
(see instructions)											
1. Description of property											
(1) .											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accrue	ed								
(a) From personal property (if the for personal property is more th more than 50%)	personal property or personal property based on profit or	exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)							
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of co	olumns 2(a) and 2(	b). Enter				(b) Total deduction Enter here and on					
here and on page 1, Part I, line 6						Part I, line 6, colu					
Schedule E - Unrelated D			e instructi	ons)							
		,	2. Gross	income from or	3. [	Deductions directly co		able to			
1. Description of deb	ot-financed property			to debt-financed	(a) Straid	nt line depreciation	ced property (b) Other de	ductions			
			p	roperty		ch schedule)	(attach sch				
(1)											
(2)											
(3)											
(4)											
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjust of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5		income reportable n 2 x column 6)	<b>8.</b> Allocable d (column 6 x tota 3(a) and	l of colum			
(1)				%							
(2)				%							
(3)				%							
(4)				%							
						re and on page 1, ne 7, column (A).	Enter here and Part I, line 7, c				
Totals Total dividends-received deduct	ions included in co	olumn 8	 <u></u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · •		000-T	(00.17)		

Form **990-T** (2017)

#### AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, 75-0975500 Page 4

Schedule F - Interest, Annu	ities, Royalties	s, and Ro	ents Fro	om Contro	lled Or	ganizat	ions (see	e instructio	ons)	· ·
		Ex	empt Co	ontrolled Or	ganizati	ons				
1. Name of controlled organization	2. Employer identification numb			ated income instructions)		I of specified nents made 5. Part of column 4 that i included in the controlling organization's gross incom		olling	g connected with income	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			in in		inclu	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income			<ol> <li>Deductions directly inected with income in column 10</li> </ol>
(1)										
(2)										
(3)										
(4)										
Totals					►	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
Schedule G - Investment In	come of a Sec	ction 50	1(c)(7),	(9), or (17	) Orga	nizatio	<b>1</b> (see inst	tructions)		
1. Description of income	2. Amount o	fincome		directly cor	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited Exe	mpt Activity In	come, C	ther Th	an Adverti	ising Ir	come (	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ted with ction of lated s income	4. Net incor from unrelat or business 2 minus col If a gain, c cols. 5 thro	ed tradé (column umn 3). ompute	from a is not	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	re and on , Part I, col. (B).			<u> </u>		1		Enter here and on page 1, Part II, line 26.
Totals Schedule J - Advertising In	come (see instr	uctions)								
Part I Income From Peri	`	,	Consol	idated Rad	sis					
			50130							
1. Name of periodical	2. Gross advertising income		advertising costs		tising ss) (col. bl. 3). If mpute bugh 7.	f income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
$\overline{(1)_{\text{SALE OF ADS IN EXEMPT ORG. PUB}}$	282,687.	10	5,796.				94,879.	189	,940.	
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	282,687.	10	6,796.	175	,891.	9	94,879.	189	,940	95,061.

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	282,687.	106,796.				95,061
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	282,687.	106,796.				95,061

1. Name	<b>2.</b> Title	time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		%	
(2)		%	
(3)		%	
(4)		%	

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

Form **990-T** (2017)

75-0975500

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME	
QUALIFIED PARKING FRINGE BENEFIT	7,773.
PART I - LINE 12 - OTHER INCOME	7,773.

ATTACHMENT 2

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

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	183,664. 0. <u>95,061.</u> * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	8,860.
CHARITABLE CONTRIBUTION	125,000.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	8,860.

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75-0975500 ATTACHMENT 3

#### FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	78,743.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	15,023.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	16,536.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	2,764,232.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	2,993,016.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	7,573.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	8,200.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	15,773.

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