Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

<u>A</u>	For t	he 201	7 calendar year, or tax year beginning 07/01, 2017	, and ending		06/30,2	0 18	
В	Check if:	applicable:	C Name of organization		D Employer ide	ntification nur	nber	
_	Add		LANDMAN SCHOLARSHIP TRUST					
L	char		Doing Business As		23-7122			
-	Nam	e change	·	Room/suite	E Telephone nu	ımber		
	Initia	l return	800 FOURNIER ST.		(817) 847	7-7700		
L		ninated	City or town, state or province, country, and ZIP or foreign postal code					
-	retu	nded n lcation	FORT WORTH, TX 76102		G Gross receipt	s \$ 1	,600,9	84.
L	pend		F Name and address of principal officer: MELANIE BELL		H(a) Is this a grou subordinates?		Yes X	No
-			800 FOURNIER ST FORT WORTH, TX 76102		H(b) Are all subordi		Yes	No
<u>!</u>		xempt st	100 1(0)(1) (illisor (10.)) 4347 (a)(1) (or 527	If "No," attach	n a list. (see instru	ctions)	
<u>J</u>			WWW.LANDMAN.ORG		H(c) Group exemp			
K		-	ization: X Corporation Trust Association Other	L Year of fo	rmation: 1994 M s	State of legal do	omicile:	TX
L	art I		nmary					
	1	Briefly	describe the organization's mission or most significant activities: PROVID	E SCHOLAF	RSHIPS FOR QU	JALIFIED		
5		STU	DENTS OF ACCREDITED INSTITUTIONS OF HIGHER LEA	ARNING, WE	HICH STUDENTS	3		
Па			IRE TO OBTAIN EDUATION IN THE FIELD OF NATURAL					
Governance	2	Check	this box F if the organization discontinued its operations or dispose	d of more than	25% of its net assets			
න ග	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		9.
es es	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		9.
Activities &	5	lotair	number of individuals employed in calendar year 2017 (Part V, line 2a)			5		0.
Acti	6	Totalr	number of volunteers (estimate if necessary)			6	1	10.
_	10	lotait	unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	D	Net ur	nrelated business taxable income from Form 990-T, line 34	 		7b		0.
	8	Contri	bullions and monte (Dout VIII Page 41.)	-	Prior Year		rent Year	
JE .	9	Drogra	butions and grants (Part VIII, line 1h).	(FOR		0.	1	100.
Revenue	10	Invoct	am service revenue (Part VIII, line 2g). Ment income (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC IN	SPECTION		0.		0,
æ	11		(, and , and	1 1	381,75		457,6	83.
	12	Total	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		<u>0</u> .
	13	Grants	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		381,75		457,7	
	14	Renefi	s and similar amounts paid (Part IX, column (A), lines 1-3)		142,550		172,6	
"	4-	Salarie	ts paid to or for members (Part IX, column (A), line 4)	· · · · · -		0.		$\frac{0}{0}$.
1Se	16a	Profes	es, other compensation, employee benefits (Part IX, column (A), lines 5-10), signal fundreising fees (Part IX, column (A), line 11e)	• • • • • -		0.		
Expenses	b	Total f	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ 0			0.	22.2	0.
ũ	17	Other	undraising expenses (Part IX, column (D), line 25) ▶0 expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	: <u> </u>	42,35	1		<u> </u>
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • • -	184,90		57,2	
	19	Reven	ue less expenses. Subtract line 18 from line 12	• • • • •	196,853		229,8	
s or			are issue superiose. Custract line to north line 12		eginning of Current Ye		227,9	
sets	20 21 22	Total a	ssets (Part X, line 16)		6,886,591		of Year , 505, 3	
ASS	21	Total li	abilities (Part X, line 26)	• • • • •		0.	2,7	
콜	22		sets or fund balances. Subtract line 21 from line 20.	• • • • • -	6,886,591	· 1	,502,6	
Pa	rt II		nature Block		0,000,000	- 1	, 302, 0	 -
Un	der per	alties of	perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of preparer (other than officer) is based on all information of which	es and statemen	ts, and to the best of i	my knowledge	and helief	it is
true	e, corre	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has ar	ny knowledge.		and belief,	11 15
٠.								
Sig	n	3	Signature of officer		I Date			
He	re							
		Ť	ype or print name and title	· · · · · · · · · · · · · · · · · · ·				
De!		Print/T	ype preparer's name Preparer's signature	Date ,	Check	, PTIN		
Paic Pro	ı parer	ALIS	ON WILLIAMS Clismobanel Williams	5/15	self-employed	'	1585	
	Only	Firm's	DIE TEL	1 1 1		4-016026		
	•	Firm's	address ► 3200 RIVERFRONT DRIVE, SUITE 200 FORT WORTH, TX 76107			17.332.2		
		RS disc	uss this return with the preparer shown above? (see instructions)		T HONE NO.	X Ye	1-1-	N-
			Reduction Act Notice, see the separate instructions.				n 990 (20	No
						1 0111	. ((20	111

Form 990 (2017) Page 2 n Sarvica Accomplish

Ρź	Statement of Program Service Accomplishments Check if School Q contains a response or note to any line in this Part III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	PROVIDE SCHOLARSHIPS FOR THE BENEFIT AND ASSISTANCE OF QUALIFIED	
	STUDENTS OF ACCREDITED COLLEGES, UNIVERSITIES, AND OTHER	
	INSTITUTIONS OF HIGHER LEARNING, WHICH STUDENTS DESIRE TO OBTAIN	
	EDUCATION AND TRAINING IN THE FIELD OF NATURAL RESOURCES MANAGEMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 185,740. including grants of \$ 172,651.) (Revenue \$ 100.)	
	SCHOLARSHIP GRANTS TO STUDENTS ATTENDING COLLEGES WHICH OFFER AN	
	ACCREDITED CURRICULUM IN PETROLEUM OR MINERALS LAND MANAGEMENT.	
	GRANTS ARE BASED ON STUDENTS' ACADEMIC RECORD, SCHOOL	
	PARTICIPATION AND PERSONAL INTERVIEW. DURING THE FISCAL YEAR, 66	
	SCHOLARSHIPS WERE FURNISHED TO 12 MAJOR UNIVERSITIES FOR	
	DISBURSEMENT.PROVIDE AAPL MEMBERSHIPS TO STUDENTS AND ASSOCIATE MEMBERS. DURING THE FISCAL YEAR, 484 MEMBERSHIPS WERE PROVIDED TO	
	AAPL.	
4b	(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 \(\) 185.740.	

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	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	Х	
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
_	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?	25b		Х
00	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	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			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		7.7	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable........... 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and Х 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 X **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 Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Χ h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... 9 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

JSA 7E1040 1.000

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Х

LANDMAN SCHOLARSHIP TRUST 23-7122144 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u>	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		37
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		X
	one or more members of the governing body?	7a		Δ.
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
•	stockholders, or persons other than the governing body?	7.0		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	- 05		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Λ
b	,	406		
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. • •	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	,	,	,
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		•	

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	,	Posi (do not check l box, unless per		(C) Position Io not check more the pox, unless person is the contract of the c			re than one		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individu: or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	· -	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1)BILL JUSTICE	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(2)MARK EPPES	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(3)OWEN BARNHILL	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(4)KITTY CHALFANT	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(5)WILLIAM PHILLIPS	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(6)LINDSEY MILES	0.											
CHAIRMAN	3.00	Х		Х				0.	0.	0.		
(7)AUSTIN BREWER	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(8)ANTHONY ROMERO	0.											
DIRECTOR	2.00	Х						0.	0.	0.		
(9)TRINIDAD HERNANDEZ	0.											
DIRECTOR	2.00	X						0.	0.	0.		
(10)MELANIE BELL	40.00											
EXEC. VP OF AAPL	2.00			Х				0.	319,570.	54,053.		
(11)AMANDA JOHNSON	40.00											
CONTROLLER	2.00			Х				0.	101,184.	11,455.		
(12)CHRISTOPHER HALASZYNSKI	40.00											
DIRECTOR OF EDUCATION-PART YR	5.00					X		0.	231,451.	47,483.		
(13)												
(14)												
										Form 990 (2017)		

_	990 (2017)												age 8
Pa	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es, a	and F	ligl	hest Compensat	ed Employees (co	ontinue	ed)	
	(A) Name and title	Average hours per week (list any hours for related organizations	box,	unles r and	Pos heck ss pe	more rson lirect	e than o is both or/trust emp	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com fre	timated nount of other pensation the anization	on
		below dotted line)	Individual trustee or director	Institutional trustee	ër	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		and	d related	l
			_										
			-										
			-										
			-										
			-										
			-										
1b	Sub-total								0.	652,205.	1	12,9	
С	Total from continuation sheets to Part VII, S	ection A						>	0.	0. 652,205.	1	12,9	0.
	Total (add lines 1b and 1c)						e) who	o re		·		14,5	<i>у</i> т.
	reportable compensation from the organization		0.							. ,			
												Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedi</i>										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	5," (complete Schedu		4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		X
	tion B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report of year.												
								_					

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

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

Form	990 (2	2017) LANDMAN SCHOLARSHIP TE	RUST		23-71221	.44 Page 9
Par	t VII	Statement of Revenue				
		Check if Schedule O contains a response or note to an	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 100 . Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	100.			
<u>•</u>		Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f	0.			
	3 4 5 6a b c	Investment income (including dividends, interest, and other similar amounts)	116,662. 0. 0.			116,662.
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities (ii) Other 1,484,222. 1,143,201. 341,021.	0.			
	d	Net gain or (loss)	341,021.			341,021.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
ō		Less: direct expenses	0.			
	9a	Net income or (loss) from fundraising events	0.			
	b	Less: direct expenses				
	10a	Net income or (loss) from gaming activities	0.			
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0.			
	11a					
	b					-
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	457,783.			457,683.

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Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must cor	plete all columns. All other o	organizations must com	plete column	(A).
---	--------------------------------	------------------------	--------------	------

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	172,651.	172,651.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
	Management	0.			
	Legal	0.		F 07F	
	Accounting	5,875.		5,875.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	34,263.		34,263.	
	Investment management fees	31,203.		31,203.	
9	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	4,000.		4,000.	
	Office expenses	5,251.	5,251.	-,,,,,,	
14		0.	-, -		
15		0.			
	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	7 020	7 020		
	MISCELLANEOUS	7,838.	7,838.		
	'				
0					
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	229,878.	185,740.	44,138.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	22570.701	2007.200	11,130.	
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X **Balance Sheet**

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,506.	1	35,572.
	2	Savings and temporary cash investments	6,869,085.	2	7,469,795.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6				
		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.
_	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,886,591.	16	7,505,367.
	17	Accounts payable and accrued expenses	0.	17	2,760.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L			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	0.	26	2,760.
es		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	6,861,591.	27	7,477,607.
Bal	28	Temporarily restricted net assets	0.	28	0.
pu	29	Permanently restricted net assets	25,000.	29	25,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	6,886,591.	33	7,502,607.
_	34	Total liabilities and net assets/fund balances	6,886,591.	34	7,505,367.
_					Form 990 (2017)

Page **12** Form 990 (2017)

0	(2011)				,	gc • =	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			57,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			29,8		
3	Revenue less expenses. Subtract line 2 from line 1	3			27,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			86,5		
5	Net unrealized gains (losses) on investments	5		388,111.			
6							
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				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		7,5	02,6	507.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			-		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	n a				
	separate basis, consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ınt?	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	າ 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	ı in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2017
Open to Public Inspection

Employer identification number Name of the organization LANDMAN SCHOLARSHIP TRUST 23-7122144 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations								
g Provide the following informati	g Provide the following information about the supported organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the disted in you docur	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
ATTACHMENT 1		· · · · · · · · · · · · · · · · · · ·	Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total					11,150.			

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

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 of 990-EZ) 2017						Page ∠
Pai	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if th	ne organizatio	n failed to qua	
Sec	tion A. Public Support	, ,		, <u>, , , , , , , , , , , , , , , , , , </u>		,	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(0) = 0 + 0	(11, 2011	(0) = 0.10	(,	(0, 00)	(7 : 5:5:::
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here		<u> </u>				
	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (li						<u>%</u>
15	Public support percentage from 2016						%
16a	331/3% support test - 2017. If the organization of						
h	box and stop here. The organization q 33 1/3% support test - 2016 . If the org						
D	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2			_			
u	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			=	· ·	-	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		=				
	Explain in Part VI how the organizati						-
	supported organization				=	•	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017 Schedule A (Form 990 or 990-EZ) 2017 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20.0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 10161
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2017 (lin	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did ne	ot check the box	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	-					. \square
b	331/3% support tests - 2016. If the orga	_	_	•			
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g y			
	1	Х	
s d			
	2		X
er	3a	X	
d e			
	3b	X	
3)			
	3с	Х	
If	4a		Х
n n			
	4b		
n d 3)			
	4c		
," N			
n; n	_		37
	5a		X
у	5b		
	5c		
o d or			
	6		X
r n			
	7		X
?	8		Х
e d			37
	9a		X
h	9b		Х
it			
	9с		X
n d			77
	10a		X
0	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2017

				- 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		Х
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	ion B. Type I Supporting Organizations	110		
	on 2. Typo i oupporting organizations		Yes	No
	Did the directors tructors or membership of one or more comparted exempirations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		37
3 4		2		X
Secti	on C. Type II Supporting Organizations		Vaa	N ₀
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	O110 _/ .	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Asia Tank Annual (A) and (B) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 Page 6

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

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish ex	kempi purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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

SCHEDULE A, PART IV, LINE 3B

THE TRUST OBTAINED THE SUPPORTED ORGANIZATION'S IRS DETERMINATION

LETTER AND REVIEWED THE SUPPORTED ORGANIZATION'S PRO FORMA SCHEDULE

A, PART III FOR THE MOST RECENT TAX YEAR.

SCHEDULE A, PART IV, LINE 3C

THE TRUST PROVIDES SCHOLARSHIP AWARDS FOR THE USE OF INDIVIDUAL MEMBERS OF THE CHARITABLE CLASS BENEFITTED BY THE SUPPORTED ORGANIZATION. ALL SCHOLARSHIP AWARDS ARE PAID DIRECTLY TO THE

EDUCATIONAL INSTITUTIONS FOR THE BENEFIT OF THE STUDENTS.

				ATTACHMENT 1		
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT	
AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC	75-0975500	10	X	11,150.	0.	
TOTAL AMOUNT OF SUPPORT				11,150.	0.	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization Employer identification number LANDMAN SCHOLARSHIP TRUST 23-7122144 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

	tax year >
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

organization's accounting for conservation easements.

Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2017

 Schedule D (Form 990) 2017
 Page 2

Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or	Other Similar As:	sets (co	ntinue	∍d)
3	Using the organization's acquisition	on, accession, and o	other records, check	any of the fo	llowing that are a s	ignificant	use c	of its
	collection items (check all that apply):							
а								
b	Scholarly research		e Other					
С	Preservation for future gene							_
4	Provide a description of the orga	nization's collections	and explain how t	they further the	organization's exen	npt purpo	se in	Part
_	XIII.	11. 14						
5	During the year, did the organizati							٦
Dor	assets to be sold to raise funds rat		ained as part of the o	organization's co	Dilection?	Yes		No
Par	t IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		s" on Form 990, Pa	art IV, line 9, o	r reported an amou	unt on Fo	rm	
1a	Is the organization an agent, trust	ee. custodian or othe	er intermediary for c	ontributions or o	ther assets not			
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement	in Part XIII and comp	olete the following tak	ole:				_
			•		Amount			
С	Beginning balance			1c				
	Additions during the year							
е	Distributions during the year			1e				
f	Ending balance							
	Did the organization include an an					Yes		No
	If "Yes," explain the arrangement	in Part XIII. Check he	ere if the explanation	has been provid	led on Part XIII			
Par	Endowment Funds. Complete if the organiza	tion answered "Yes	s" on Form 990, Pa	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance	25,000.	25,000.	25,00	0. 25,000	١.	25,	,000.
b	Contributions							
	Net investment earnings, gains,							
	and losses	1,735.	1,163.	2,25	8. 2,425	5.	2,	,261.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	1,735.	1,163.	2,25	8. 2,425	5.	2,	,261.
f	Administrative expenses							
g	End of year balance	25,000.	25,000.	25,00	25,000	١.	25,	,000.
2	Provide the estimated percentage		end balance (line 1g,	column (a)) held	d as:			
	Board designated or quasi-endowr		_%					
	Permanent endowment ▶ 100.							
С	Temporarily restricted endowment							
_	The percentages on lines 2a, 2b,							
за	Are there endowment funds not in	the possession of tr	ne organization that	are neid and ad	iministered for the		Yes	No
	organization by:					20(i)	162	X
	(i) unrelated organizations					3a(i) 3a(ii)		X
h	(ii) related organizations If "Yes" on line 3a(ii), are the relat							
4	Describe in Part XIII the intended	•	•			. 55		
ıaı	Complete if the organiza	ation answered "Ye	s" on Form 990, P	art IV, line 11a	a. See Form 990, F	art X, Iin	e 10.	
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis (c)	Accumulated depreciation	(d) Book va	alue	
1a	Land	\	(0		asproduion			
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	L Add lines 1a through 1e (Colum	n (d) must equal Form	n 000 Part X colum	n (B) line 10c)				

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **3**

Part VII		l "Yes" on Form 990	0, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	ial derivatives		
	/-held equity interests		
	, note equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "Yes" on Form 990	0, 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)			
<u>(7)</u>			
(8)			
(9)	(I)		
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	l "Ves" on Form 99(0, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(a) Do	Scription	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	▶
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ine
	ral income taxes	(b) Book valu	
(2)	Tal moonie taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
2. Liability f	for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

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

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Schedule D (Form 990) 2017 Page 4

			1 agc -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	845,894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	388,111.
3	Subtract line 2e from line 1	3	457,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c 5	457,783.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		137,703.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ai i i.	
1	Total expenses and losses per audited financial statements	1	229,878.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	229,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	000 000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	229,878.
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III,	art \/ li	no 1: Part Y line
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	V, LINE 4		
	-,		
PERM	ANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND INVESTMENTS		
T∩ R	E HELD INDEFINITELY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT		
10 1	I MADE INDEFINITION, THE INCOME FROM WHICH TO BAT ENDINDED TO COTTOK!		
THE	TRUST		

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection Name of the organization Employer identification number LANDMAN SCHOLARSHIP TRUST 23-7122144 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) OKLAHOMA CITY UNIVERSITY 2501 NORTH BLACKWELDER OKLAHOMA CITY, OK 73-0579265 170(B)(1)(A)(II 25,000. EDUCATIONAL SCHOLARS (2) TEXAS TECH UNIVERSITY PO BOX 42101 LUBBOCK, TX 79409 75-6002622 170(B)(1)(A)(II 25,000. EDUCATIONAL SCHOLARS (3) UNIVERSITY OF LOUISIANA AT LAFAYETTE 170(B)(1)(A)(II PO BOX 43570 LAFAYETTE, LA 70504 72-6000820 7,500. EDUCATIONAL SCHOLARS (4) UNIVERSITY OF OKLAHOMA FOUNDATION 307 WEST BROOKS, ROOM 105-K NORMAN, OK 73-6091755 170(B)(1)(A)(II 32,500. EDUCATIONAL SCHOLARS (5) UNIVERSITY OF TEXAS AT AUSTIN 2110 SPEEDWAY, B6600 AUSTIN, TX 78712 74-6000203 170(C)(1) 10,000. EDUCATIONAL SCHOLARS (6) UNIVERSITY OF TULSA 600 SOUTH COLLEGE AVENUE TULSA, OK 74104 73-0579298 170(B)(1)(A)(II 15,000 EDUCATIONAL SCHOLARS (7) UNIVERSITY OF WYOMING 83-6000331 1000 E. UNIVERSITY AVENUE LARAMIE, WY 82071 170(B)(1)(A)(II 7,500 EDUCATIONAL SCHOLARS (8) WEST VIRGINIA UNIVERSITY 98 BOX6009, ONE WATERFRONT PL MORGANTOWN WV 55-6000842 170(B)(1)(A)(II 15,000 EDUCATIONAL SCHOLARS (9) WESTERN STATE COLORADO UNIVERSITY 600 NORTH ADAMS STREET GUNNISON, CO 81231 84-0709935 170(B)(1)(A)(II 10,000. EDUCATIONAL SCHOLARS (10)(11)(12)9.

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

Schedule I (Form 990) (2017)

LANDMAN SCHOLARSHIP TRUST 23-7122144

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

SCHOLARSHIP GRANTS ARE AWARDED TO STUDENTS BASED ON THEIR ACADEMIC

RECORD, SCHOOL PARTICIPATION, AND PERSONAL INTERVIEW.

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LANDMAN SCHOLARSHIP TRUST

Employer identification number

23-7122144

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		37	
a	Receive a severance payment or change-of-control payment?	4a	X	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2017

LANDMAN SCHOLARSHIP TRUST 23-7122144

Schedule J (Form 990) 2017

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	f 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
CHRISTOPHER HALASZYNSKI	(i)	0.	0.	0.				
	(ii)	213,200.	17,000.	1,251.	28,891.	18,592.	278,934.	
MELANIE BELL	(i)	0.	0.	0.				
	(ii)	262,500.	50,000.	7,070.	35,140.	18,913.	373,623.	
	(i)							
	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

LANDMAN SCHOLARSHIP TRUST 23-7122144

Schedule J (Form 990) 2017

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 4C

CHRISTOPHER HALASZYNSKI RECEIVED A ONE TIME SEPARATION PAY OF

\$57,938.46 AND COBRA PAYMENTS OF \$4,515.45 IN 2018.

SCHEDULE J, PART I, LINE 3

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

COMPENSATION OF THE EXECUTIVE DIRECTOR; COMPENSATION COMMITTEE, FORM 990

OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY

OR STUDY AND APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

23-7122144

LANDMAN SCHOLARSHIP TRUST

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

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

AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN(THE SUPPORTED

ORGANIZATION) FOR REVIEW PRIOR TO SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION C, LINE 19

LANDMAN SCHOLARSHIP TRUST WILL PROVIDE ITS FINANCIAL INFORMATION TO

THE PUBLIC UPON REQUEST. THE DECLARATION OF TRUST IS PUBLISHED

ANNUALLY IN THE LANDMAN DIRECTORY, WHICH IS DISTRIBUTED TO THE

MEMBERSHIP OF THE AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC.

THE FINANCIAL REPORTS ARE PUBLISHED ANNUALLY IN THE ANNUAL REPORT,

WHICH IS ALSO SENT TO THE MEMBERSHIP OF THE AMERICAN ASSOCIATION OF

PROFESSIONAL LANDMEN, INC. THE FORM 990 IS AVAILABLE ONLINE AT

WWW.GUIDESTAR.ORG.

FORM 990, PART XII. LINE 2C

COMMITTEE FOR OVERSIGHT:

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

FORM 990, PART VI, LINE 15A

THE TRUST UTILIZES EMPLOYEES OF THEIR SUPPORTED ORGANIZATION, AMERICAN

Name of the organization

LANDMAN SCHOLARSHIP TRUST

Employer identification number

23-7122144

ASSOCIATION OF PROFESSIONAL LANDMEN, INC. PERFORMANCE AND PAY ARE RENIEWED ANNUALLY BY THE AAPL COMPENSATION COMMITTEE AND REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. NO COMPENSATION IS PAID BY THE TRUST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

LANDMAN SCHOLARSHIP TRUST

23-7122144

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
						Yes	No
(1) AMERICAN ASSOCIATION OF PROF LANDMEN 75-0975500							
800 FOURNIER FORT WORTH, TX 76102	LAND PROFESS	TX	501(C)(6)		NONE		X
(2) AAPL EDUCATION FOUNDATION 23-7243157							
800 FOURNIER FORT WORTH, TX 76102	EDUCATION FDN	TX	501(C)(3)	12A, I	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

JSA

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Schedule R (Form 990) 2017

Part III Identification of Relation because it had one of	lated Organizations or more related org	s Taxable anization	e as a Partnersl ns treated as a p	hip. Complete if the artnership during th	e organization a e tax year.	inswered "Yes"	on I	Form	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?			eral or aging tner?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												

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

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

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(7)

Schedule R (Form 990) 2017

Sched	ule R (Form 990) 2017					Pa	ge 3
Par	Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s).				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
-	Reimbursement paid by related organization(s) for expenses				1q	Х	
•							
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)			<u></u>	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and trans	action thre	shold	s.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of dete unt invo		ng
(1)							
(2)							
(3)							
(4)							
(5)							

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(6)

Schedule R (Form 990) 2017

Page 4

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		le Predominant gn income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

JSA Schedule R (Form 990) 2017 Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

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