

Public Disclosure Copy

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

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

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

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

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.

A F	or th	e 202	2 calendar year, or tax year beginning $07/01/2022$ and ending	ing		06/30	0/202	23	
B c	neck if ap	oplicable:	C Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC.		D Employer ide	∍ntificatio	n numb	oer	
	Addre		Doing Business As		75-	-09755	500		
	chang	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone no				
	†	return	800 FOURNIER STREET		(8	17)84	7-77	00	
	+	inated	City or town, state or province, country, and ZIP or foreign postal code		(0 -			00	
	Amen	ided	FORT WORTH, TX 76102		G Gross receip	ts \$ 1	0,61	9 4	41
		cation	F Name and address of principal officer: DR. GRETA ZEIMETZ		H(a) Is this a grou	up return for	_	Yes	X No
	」 pendi	ng	800 FOURNIER STREET, FORT WORTH, TX 76102		subordinates H(b) Are all subord		42	Yes	No
	Tax-ex	empt st		27	If "No," attac				
			WWW.LANDMAN.ORG		H(c) Group exemp	•		,	
				of formati	on: 1987 M			nicile.	TX
	art I		mmary	or ronnati	On: 1907 IV	Otate of te	gai doi	mono.	12
			y describe the organization's mission or most significant activities: MISSION IS T	ro ppo	MOTE THE	штсиі	7 C T		
Φ	•		NDARDS OF PERFORMANCE FOR ALL LAND PROFESSIONALS, ADV						
JUC.			TURE, AND ENCOURAGE SOUND AND ETHICAL STEWARDSHIP OF						
ern.	2		k this box if the organization discontinued its operations or disposed of more the						
Governance			per of voting members of the governing body (Part VI, line 1a)			3.			46
∞ თ	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			4			46
ies			number of individuals employed in calendar year 2022 (Part V, line 2a)			5			27
Activities &						6			46
Act	72	Total	number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			7a		1/0	,976.
						7b		142	
		ivet u	nrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	10	Curre	nt Ye	NONI
	8	Contr	ibutions and grants (Part VIII line 1b)	. —	568,84	10			,410.
ne	9	Droam	ibutions and grants (Part VIII, line 1h) COPY FOR		2,279,11				,410. ,915.
Revenue	10	Invoc	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d) COPY FOR PUBLIC INSPECTION		4,528,11				, 483.
Re				」	2,594,41				
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,970,48				<u>,529.</u> ,337.
					100,00		Ο,	443	
			is and similar amounts paid (Part IX, column (A), lines 1-3) fits paid to or for members (Part IX, column (A), line 4)			ONE			NONI
			ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,533,57		ີ ວ	062	
Expenses						ONE	3,062,236. NONE		
ben			ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) ▶		11/0	JINE			MOM
E			* * * * * * * * * * * * * * * * * * * *		3,449,19) E	2	/1 E	,205.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,082,76				-
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses. Subtract line 18 from line 12		2,887,72				<u>,441.</u> ,104.
- S	19	Kevei	ide less expenses. Subtract line to nont line 12		ning of Current Y			of Yea	
ets c	20	Total	assets (Part X, line 16)	Degiiii	39,389,80				,977.
Asse Bala			assets (Part X, line 16) liabilities (Part X, line 26)	•	2,174,50				,977. ,064.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.	·	37,215,29				,004. ,913.
	rt II		anature Block	·	31,213,23	70.	30,	033	, , , , , ,
			of perjury, I declare that I have examined this return, including accompanying schedules and state	ements a	nd to the best of	mv knov	vledge a	and be	elief it is
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any kn	owledge.				
Sig	n		Signature of officer		Date				
Hei	·e								
			Type or print name and title						
			/Type preparer's name Preparer's signature Date		Check	if PTIN			
Paid		NOE		8/202		' ''	1704	149	
-	oarer		sname FORVIS, LLP	7 2 0 2	Firm's EIN	1 1 0.	01602		
Use	Only		s address 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254-2961		Phone no.		-702		
May	the I		equippe this return with the propagar shown above? (see instructions)				X Ye		No
_			Reduction Act Notice, see the separate instructions.			[-			(2022)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AAPL'S MISSION IS TO PROMOTE THE HIGHEST STANDARDS OF PERFORMANCE
	FOR ALL LAND PROFESSIONALS, TO ADVANCE THEIR STATURE, AND TO
	ENCOURAGE SOUND AND ETHICAL STEWARDSHIP OF ENERGY AND MINERAL
	RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	AAPL IS AN ORGANIZATION REPRESENTING MEN AND WOMEN ENGAGED IN LAND
	MATTERS. ITS PURPOSES ARE CARRIED OUT BY A MONTHLY
	MAGAZINE/JOURNAL WITH A DISTRIBUTION OF APPROXIMATELY 12,000
	COPIES; IN EXCESS OF 77 EDUCATIONAL EVENTS, QUARTERLY BOARD
	MEETINGS AND AN ANNUAL MEETING/CONFERENCE. AAPL HAS APPROXIMATELY
	12,000 MEMBERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
_	

4e Total program service expenses

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Form **990** (2022)

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> .	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		- 22
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
••	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		v
	CONTIGORS GOVERNMENT ON FRANCIA, GODINA (A), INC. 1911–165. GODINERE OCHRONIR I, PRINSTRADO II	- 41		

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Part IV Chacklist of Paguired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	· · · · · · · · · · · · · · · · · · ·			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Λ
28				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	Х	
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h	- V	
00		35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
_				

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L-	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		
	II TES. CUITIDIETE FUTTI DUDS.			

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Form	990	(2	022)

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	46			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	46			
	·					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-	2		Х
2	any other officer, director, trustee, or key employee?			_		
3				3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other production make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5				5		X
6	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?			6	X	
_	Did the organization have members of stockholders, or other persons who had the power to el					
7a				7a	Х	
	one or more members of the governing body?				- 21	
b	Are any governance decisions of the organization reserved to (or subject to approval			7b	Х	
•	stockholders, or persons other than the governing body?			7.0	71	
8	Did the organization contemporaneously document the meetings held or written actions und	епаке	n auring			
	the year by the following:			8a	Х	
a	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pro-		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done	•		12c	Χ	
13	Did the organization have a written whistleblower policy?			13	Χ	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Χ	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a		r arra	naement			
	with a taxable entity during the year?		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	guard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents.	conflict o	f inter	est p	olicy.
•	and financial statements available to the public during the tax year.					- ,
20	State the name, address, and telephone number of the person who possesses the organization's I	oooks	and record	S		

817-847-7700

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(list any		er and			than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DR. GRETA P. ZEIMETZ, CAE	40.00									
AAPL EXECUTIVE VICE PRESIDENT	4.00			Х				327,849.	NONE	64,179.
(2) LE'ANN CALLIHAN	40.00									
AAPL VICE PRESIDENT	NONE				Х			271,951.	NONE	82,231.
(3) AMANDA JOHNSON	40.00									
CAO END: 02/23	4.00			Х				169,723.	NONE	38,921.
(4) RUSSELL COHEN	40.00									
DIRECTOR OF GOVERNMENT AFFAIRS	NONE					X		169,004.	NONE	37,939.
(5) ANDREA SPENCER	40.00									
COMMUNICATIONS MANAGER	NONE					Х		140,051.	NONE	35,095.
(6) JAMES T. DEVLIN, CPL	5.00									
IMMEDIATE PAST PRESIDENT	NONE	Х		X				8,639.	NONE	NONE
(7) CARL D. CAMPBELL, CPL	5.00									
PRESIDENT END: 6/23	NONE	X		Χ				2,591.	NONE	NONE
(8) J. BROOKS YATES, CPL	5.00									
1ST VICE PRESIDENT END: 6/23	NONE	X		X				NONE	NONE	NONE
(9) MICHELLE L. PHILLIPS, CPL	2.00									
2ND VICE PRESIDENT END: 6/23	NONE	X		X				NONE	NONE	NONE
(10) MICHAEL A. PISCIOTTE, CPL	2.00									
3RD VICE PRESIDENT END: 6/23	1.00	Х		X				NONE	NONE	NONE
(11) AUSTIN N. FRYE, CPL	2.00									
TREASURER END: 6/23	1.00	X		X				NONE	NONE	NONE
(12) KELLY KESSLER, CPL	5.00									
SECRETARY END: 6/23	NONE	X		X				NONE	NONE	NONE
(13) ADAM B. STELLAR, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) BRIAN K. TOLSON JR., CPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **8**

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) BRITNEY A. CROOKSHANKS, CPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
(16) BRUCE E. PAYNE, CPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
(17) CAMERON CORBETT, CPL	2.00	-								
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
(18) CHRISTIN L. FABER, RPL	2.00	37						NONE	NONE	NONE
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
(19) CHRISTINE J. TOUCHSTONE, CPL DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
20) CLAY WHITEHEAD, CPL	2.00	Α.						NONE	NONE	NONE
DIRECTOR END: 6/23	NONE	x						NONE	NONE	NONE
(21) CURT D. HORNE, CPL	2.00	21						IVOIVE	NONE	110111
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
(22) DENTON SMITH, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(23) JANICE REDMOND	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
24) JARED A. HEMBREE	2.00									
DIRECTOR END: 6/23	NONE	Х						NONE	NONE	NONE
(25) JASON LYONS, RPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
1b Sub-total							\blacktriangleright	1,089,808.	NONE	258,365.
c Total from continuation sheets to Part VII, S							ightharpoons	NONE	NONE	NONE
d Total (add lines 1b and 1c)							<u> </u>	1,089,808.	NONE	258,365.
2 Total number of individuals (including but not reportable compensation from the organization)		hose	liste	ed a	bov	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	sum of repeater than	oortab \$15	ole (50,0	com 100?	per <i>It</i>	nsation "Yes	n ai	nd other compens complete Schedu	sation from the le J for such	4
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	

for services rendered to the organization? If "Yes," com	Diete Scriedule 3 i	or such person	 	
Section B. Independent Contractors				

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

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

5

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 ▶

R ang Form 990 (2022)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box,	unles er and	heck ss pe d a c	erson	e than of is both tor/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2) 1333 111169)	organization and related organizations
26) JASON M. DOWNS, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
27) JESS A. ROWE, CPL	2.00									
DIRECTOR	1.00	X						NONE	NONE	NON
28) JOHN R. LEE, RPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NON
29) KATE BLACK	2.00									
DIRECTOR END: 6/23	NONE	Х						NONE	NONE	NON
30) LARS NOBLE, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NON
31) LUCY WATHEN, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
32) MATTHEW A. GRAY, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
33) MICHAEL B. GREGORY, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NON
34) NICOLE MAXWELL, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NON
35) KELLY P. MULDOON, CPL	2.00									
DIRECTOR END: 6/23	NONE	Х						NONE	NONE	NON
36) PAUL WOOD, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t				bov	e) who	> re	eceived more than	\$100,000 of	
reportable compensation from the organization	·II 🚩									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheoo										3
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	? It	"Yes	5, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5

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

(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 ▶

AMERICA	N ASSOCI	ATION OF PROFESSION	JNAL	/5-09/5	500				
Form 990 (2022)					Page 8				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)	(C)	(D)	(E)	(F)				
Name and title	Average	Position	Reportable	Reportable	Estimated				
	L	(do not check more than one		a a man a manation from	amount of				

Occion A. Omcers, Directors, Tre	usices, ite	, y L 11	ipic) y C	,	ana	ng.	nest compensat	ed Employees (c	ontinueu)
(A)	(B)	(B) (C)		(D)	(E)	(F)				
Name and title	Average		Position				Reportable	Reportable	Estimated	
	hours per	,				e than o		compensation	compensation from	amount of
	week (list any	office				is both tor/trust		from	related organizations	other compensation
	hours for related organizations below dotted line) hours for related organizations below dotted line) officer and a director/trustee) officer and a director/trustee) the organization (W-2/1099-MISC)			(W-2/1099-MISC)	from the organization and related organizations					
			ee			sated				
37) RICHARD A. HINES, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
38) RICHARD D. ADKINS, CPL	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
39) RICHARD MICHAEL CARDWELL, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
40) ROBERT H. WILSON III, RPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
41) ROBERT RICE, CPL	2.00									
DIRECTOR END: 6/23	NONE	Х						NONE	NONE	NONE
42) RUSSELL SHINEVAR, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
43) SHAUN WILLIAMS	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
44) TERRY P. CAVES, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
45) TRAVIS W. BEAVERS, CPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
46) TYLER B. SHELTON, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
47) WESLEY T. DAY, CPL	2.00									
DIRECTOR END: 6/23	NONE	X						NONE	NONE	NONE
1b Sub-total							>			
c Total from continuation sheets to Part VII, S	ection A						>			
							_		1	

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

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
	employee on line 1a: It Tes, complete schedule 3 for such marviolata.	<u> </u>		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (a	Page 8 continued)
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	s pei	more rson	e than or is both a tor/truste	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) WILLIAM F. O'NEAL, CPL	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
49) WILLIAM G. BOONE, CPL	2.00	-								
DIRECTOR	1.00	X						NONE	NONE	NONE
50) BENJAMIN J. WARING CPL	2.00	1								
DIRECTOR END: 06/23	NONE	X						NONE	NONE	NONE
51) KYLE DUBIEL	2.00	-								
DIRECTOR END: 06/23	NONE	X						NONE	NONE	NONE
52) PAUL HARRISON CFO START: 05/23	$\frac{40.00}{4.00}$	-		x				NONE	NONE	NONE
1b Sub-total	Section A						>			
d Total (add lines 1b and 1c)							▶			
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d ab	OOV	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of represents	oortab	ole c 50,00	om _l 00?	pen <i>If</i>	nsation "Yes,	ar	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report of the second sec										

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

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

75-0975500

Form 990 (2022) AME

Par	τνιι	Check if Schedule O contains a res	oonse or note to ar	nv line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	1				
and and	b	Membership dues					
وَ ق	С	Fundraising events	;				
fts, ≅ A	d	Related organizations	191,457.				
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contributions) 16	669,953.				
Sir	f	All other contributions, gifts, grants,					
ë Ë		and similar amounts not included above . 1f					
ᅙ	g	Noncash contributions included in					
ğ		lines 1a-1f 1g) \$				
ಹ ಏ	h	Total. Add lines 1a-1f		861,410.			
			Business Code				
Program Service Revenue	2a	AAPL ANNUAL MEETING	900099	421,108.	421,108.		
e S	b	EDUCATIONAL SEMINAR	611710	613,376.	613,376.		
n en	С	MEMBERSHIP DUES	900099	1,566,154.	1,566,154.		
es Sev	d	CERTIFICATION FEES & DUES	900099	70,925.	70,925.		
<u>Б</u> .	е	RENTAL INCOME FROM AFFLILIATE	900099	108,352.	108,352.		
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,779,915.			
	3	Investment income (including dividend	ls, interest, and				
		other similar amounts)		612,418.			612,418.
	4	Income from investment of tax-exempt be		NONE			
	5	Royalties		38,985.			38,985.
	_	(i) Real	(ii) Personal	-			
	6a	Gross rents 6a		-			
	b	Less: rental expenses 6b	ONE				
	C	rtental meeme er (1888)	ONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	0.000 aoa.ii	(II) Other	-			
		sales of assets other than inventory 7a 4,549,1	69				
a)	b	Less: cost or other basis	03.	-			
evenue	"	and sales expenses 7b 4,171,2	46. 4,858.				
š	_	Gain or (loss)					
	d	N		373,065.			373,065.
Other R	8a	Gross income from fundraising		·			
ŏ	Oa	events (not including \$					
		of contributions reported on line					
			a NONE	9			
	b	,	b NONE	3			
	С	Net income or (loss) from fundraising ever	nts	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9)a NONE				
	b	Less: direct expenses	b NONE				
	С	Net income or (loss) from gaming activiti	es	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • • 1					
	b		0b NONE				
	С	Net income or (loss) from sales of inventory		NONE			
ns			Business Code				
Jeo Jue	11a	ADVERTISING/CIRCULATION	541800	155,666.		155,666.	
la	b	PARTNERSHIP LOSS - NAPE EXPO LP	532000	1,101,172.		-5,690.	1,106,862.
Miscellaneous Revenue	С	NAPE EXPO FEE	900099	500,257.			500,257.
Ĭ	d	All other revenue	900009	20,449.	20,449.		
	<u>e</u>	Total revenue See instructions		1,777,544.	2 202 251	140 076	2 621 525
	12	Total revenue. See instructions	<u> </u>	6,443,337.	2,800,364.	149,976.	2,631,587.

75-0975500

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line 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	NONE							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	954,854.							
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,669,731.							
8	Pension plan accruals and contributions (include	167,203.							
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	270,448.							
10	Payroll taxes	NONE							
11	Fees for services (nonemployees):								
а	Management	NONE							
b	Legal	11,381.							
С	Accounting	49,330.							
d	Lobbying	144,000.							
	Professional fundraising services. See Part IV, line 17.	NONE							
f	Investment management fees	130,623.							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.)	226,188.							
12	Advertising and promotion	83,191.							
13	Office expenses	164,275.							
14	Information technology	291,369.							
15	Royalties	NONE							
16	Occupancy	308,222.							
17	Travel	68,965.							
18	Payments of travel or entertainment expenses	NONE							
	for any federal, state, or local public officials								
	Conferences, conventions, and meetings	416,482.							
20		NONE NONE							
21	Payments to affiliates	197,501.							
22 23	Depreciation, depletion, and amortization	84,055.							
		01,033.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	AND THE MERCHANIC OF PERSONS	431,844.							
h	LANDMAN JOURNAL & DIRECTORY	411,966.							
c	DUES & SUBSCRIPTIONS	34,447.							
d	EDUCATION SEMINARS	361,366.							
e	All other expenses								
	Total functional expenses. Add lines 1 through 24e	6,477,441.							
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								

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Part X Balance Sheet

		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	NONE	1	NONE
	2	Savings and temporary cash investments	2,651,523.	2	2,733,921.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	58,092.	4	694,660.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ř	9	Prepaid expenses and deferred charges	430,922.	9	326,323.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,654,693.			
	b	Less: accumulated depreciation	4,621,626.	10c	4,499,541.
	11	Investments - publicly traded securities	31,519,133.	11	32,435,133.
	12	Investments - other securities. See Part IV, line 11	510.	12	510.
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	89,209.	14	51,548.
	15	Other assets. See Part IV, line 11	18,786.	15	93,341.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,389,801.	16	40,834,977.
	17	Accounts payable and accrued expenses	841,970.	17	561,043.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	1,314,207.	19	1,386,217.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	1,01,7		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	1,01,12		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	18,326.	25	53,804.
	26	Total liabilities. Add lines 17 through 25	2,174,503.		2,001,064.
es		Organizations that follow FASB ASC 958, check here	2,1,1,303.		2,001,001.
anc		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	37,215,298.	27	38,833,913.
Þ	28	Net assets with donor restrictions.	NONE	28	NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	37,215,298.	32	38,833,913.
Z	33	Total liabilities and net assets/fund balances	39,389,801.	33	40,834,977.
					Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,4	43,	<u> 337</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4		
3					34,	<u> 104</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	7,2	15,	<u> 298</u>
5	Net unrealized gains (losses) on investments	5		1,9	44,	<u>043</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-2	91,	<u> 324</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	8,8	33,	<u>913</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

		OF PROFESSIONAL	75-0975500				
	N, INC. tion type (check one):	75-0975500					
Organiza	tion type (eneck one)						
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(6) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				
		501(c)(3) taxable private foundation					
Check if	your organization is co	overed by the General Rule or a Special Rule .					
Note: On instructio		, (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General I	Rule						
X		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributing property) from any one contributor. Complete Parts I and II. See instruction ntributions.	_				
Special F	Rules						
	regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) ed from any one contributor, during the year, total contributions of the great t on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	, Part II, line 13, 16a, or ter of (1) \$5,000; or				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	-	sn't covered by the General Rule and/or the Special Rules doesn't file Scholine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on i					

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

Schedule B (Form 990) (2022)

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2**

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

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$669,953.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization AMERICAN ASSOCIATION OF PROFESSIONAL

LANDMEN. INC.

Employer identification number
75-0975500

	LANDMEN, INC.	75-	0975500
Part II	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	_	

Schedule B (Form 990) (2022) Page **4**

Name of org	ganization AMERICAN ASSOCIATION	OF PROFESSIONAL		Employer identification number
	LANDMEN, INC.			75-0975500
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any conscompleting Part e year. (Enter this inf	one contributor. Co III, enter the total o ormation once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
_ raiti			_	
	Transferee's name, address,	(e) Transfe and ZIP + 4	_	nip of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfe and ZIP + 4	_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfe and ZIP + 4	_	nip of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfe and ZIP + 4	_	nip of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

•	Section 501(c)(3) organizations	that have filed Form 5768 (election u	nder section 501(h)): Co	omplete Part II-A. Do not com	iplete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	ion under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
If th	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
,	Section 501(c)(4), (5), or (6) org				
	f : ::	CAN ASSOCIATION OF PROFI	CCTONAT	Employer ide	ntification number
	o million	LAN ASSOCIATION OF PROFI	PSSTONAL		
	NDMEN, INC.	organization is exempt under	section 501(c) or		975500 pization
	•	<u> </u>			
1	•	he organization's direct and ind	irect political camp	aign activities in Part	iv. See instructions for
•	definition of "political campa	_		Φ	
2		expenditures. See instructions			
3		campaign activities. See instruction			
		organization is exempt under			
1	Enter the amount of any ex	cise tax incurred by the organization	on under section 495	5	
2		cise tax incurred by organization n			
3	=	a section 4955 tax, did it file Form	-		
					Yes No
	rt I-C Complete if the complet	organization is exempt under	saction 501(a) as	voont soction E01/o\/2	<u>, </u>
	•	<u> </u>			<u>)·</u>
1		expended by the filing organization		•	
_					
2		ng organization's funds contributed			
		ies			
3		enditures. Add lines 1 and 2. En			
	Did the filing againstice fil	la Farra 4400 DOL far this was a		<u> </u>	Yes X No
4 5	Enter the names addresses	le Form 1120-POL for this year? sand employer identification num	oer (FIN) of all section	on 527 political organiz	Yes X No
J		ts. For each organization listed, e			
		tributions received that were pror			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	. ,			filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					,
(1)			-		
					
(2)			-		
					
(3)			-		
(4)			-		
/E\					
(5)			-		
(C)					
(6)			4		

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

Schedule C (Form 990) 2022

Sch	edule C (Form 990) 2022	AMERIC	AN ASSOC	LIATION OF PRO	FESSIONAL	75	-0975500 Page 2			
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under			
Α				affiliated group (and		ach affiliated group mem	ber's name, address,			
В	Check if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.				
			ying Expend		·	(a) Filing	(b) Affiliated			
	(The term "expendit)	organization's totals	group totals			
1a	Total lobbying expenditures to i	nfluence	public opini	on (grassroots lobb	ying)					
b	Total lobbying expenditures to i	nfluence	a legislative	e body (direct lobbyi	ng)					
C	: Total lobbying expenditures (ad	d lines 1	a and 1b) .		[
d	I Other exempt purpose expendit	ures								
е	Total exempt purpose expendite	ures (add	d lines 1c an	d 1d)						
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both					
	columns.									
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amount	is:					
	Not over \$500,000		20% of the	amount on line 1e.						
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.					
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,	000,000		us 5% of the excess of	ver \$1,500,000.					
	Over \$17,000,000		\$1,000,000							
	Grassroots nontaxable amount	•	•		_					
	Subtract line 1g from line 1a. If				_					
	Subtract line 1f from line 1c. If z									
j	If there is an amount other th				•					
	reporting section 4911 tax for the						Yes No			
	(0)			aging Period Unde	• •		1 . 1 .			
	(Some organizations tha			ri(n) election do no te instructions for l	-		ins below.			
		Lobk	vina Exper	nditures During 4-Yo	ear Averaging Pe	riod				
			, <u>g =po.</u>							
	Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
c	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

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

		1 1	٠,		(h)		
desc	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		(b) Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f ~	Grants to other organizations for lobbying purposes?						
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					, is	
1	Dues, assessments and similar amounts from members			1	1,5	66,	154.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a	1	44,	000.
b	Carryover from last year			2b			
С	Total			2c	1	44,	000.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyii	ng	4			
5	and political expenditures next year?			5	1	44.	000.
Par						11,	000.
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate te instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d gro	up list); Part	I-A, lin	es 1	and

SCHEDULE C, PART III-B

LOBBYING:

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

SCHEDULE D (Form 990)

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.

2022
Open to Public

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC. 75-0975500 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2022

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

		AN ASSOCIA				. Othor	Similar /		975500	
3	TILL Organizations Maintaining C Using the organization's acquisition, ac									
•	collection items (check all that apply):	occoolori, aria	011101 10001	do, oncor	any or an	0 101101	ing that i	nako olgi	illiourit uc	0 01 110
а	Public exhibition		d	Loano	r exchange	nrogra	m			
b	Scholarly research		e	Other	Chonange	progra				
C	Preservation for future generation	e								
4	Provide a description of the organizati		s and evnl	ain how th	nev further	the or	nanization	's evemnt	nurnose	in Part
•	XIII.		o ana oxpi	2111 110 W U	loy runtiloi	1110 01	gariization	о охоттр	, puipooo	iii i ait
5	During the year, did the organization so	icit or receive	donations o	f art histo	rical treasi	ires or	other simil	ar		
•	assets to be sold to raise funds rather th							_	Yes	No
Pa	t IV Escrow and Custodial Arran		amod do po		- gariizatioi	10 00110	J. 1011.			
	Complete if the organization		es" on For	m 990. P	art IV. line	9. or r	eported a	n amour	nt on For	m
	990, Part X, line 21.			,	,	-,				
1a	Is the organization an agent, trustee,	custodian or c	ther interm	nediary fo	r contribut	ions or	other ass	ets not		
	included on Form 990, Part X?			-				[Yes	No
b	If "Yes," explain the arrangement in Par	t XIII and com	plete the fo	llowing tab	le:					
	3.			3				Amount		
С	Beginning balance				1c					
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount					ustodial	account lia	ability?	Yes	No
	If "Yes," explain the arrangement in Pai								 	
	t V Endowment Funds.									
	Complete if the organization	answered "Y	es" on For	m 990, P	art IV, line	10.				
	(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains,									
·	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of th	e current vear	end balanc	e (line 1a.	column (a))	held as				
	Board designated or quasi-endowment	ourront your	%	o (og,	oolallii (a))	riola ac	•			
b	Permanent endowment %	,								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2	should equal	100%.							
3a	Are there endowment funds not in the p	ossession of t	he organiza	ation that a	are held an	ıd admir	nistered for	the		
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related or								3b	
4	Describe in Part XIII the intended uses		ation's endo	wment fun	ds					
Pa	t VI Land, Buildings, and Equipm	ent.	/oo" T	···· 000 -)ort I\ / I!:-	. 11-		. 000	#4 ∨ 1! ·	10
	Complete if the organization Description of property		es" on Fol		other basis		See Form		rt X, IINE) Book value	
	2000.iption of proporty		stment)		her)		eciation	, α	, Dook value	
1a	Land	_		1.39	92,051.				1.392	,051.

3,818,196.

1,347,757.

61,622.

35,067.

829,260.

10,674

35,067

1,280,151

4,499,541. Schedule D (Form 990) 2022

2,988,936.

50,948.

67,606.

NONE

d Equipment.....

c Leasehold improvements

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

	nvestments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990.	Part X. line 12.
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	Name of Same 200 Bart V and (B) line 40)			
	n) must equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related. Complete if the organization answered			·
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) li	no 15)		
	Other Liabilities.	ne 13.)		
	Complete if the organization answered ine 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	income taxes	aon or nability		(w) Dook value
(2)DUE TO				2,243.
	NG LEASE LIABILITY			51,561.
(4)				51,501.
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			53,804.
	incertain tax positions. In Part XIII, provide the			
	ability for uncertain tax positions under FASB A			

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.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	7,865,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Behated services and dee of identities 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		
C	Theodrenia of prior your granta,		
d	(= 0000000 0000 0000 0000 0000 0000 000	2e	1,944,043.
e	Add lines 2a through 2d	3	5,921,390.
3	Subtract line 2e from line 1	3	3,921,390.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 130,623.		
a	involution expenses for included on Ferri cos, Fair Vin, into 75		
b	, , , , , , , , , , , , , , , , , , , ,	4c	521,947.
С 5	Add lines 4a and 4b	5	6,443,337.
Part			0,443,337.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		6 046 010
1	Total expenses and losses per audited financial statements	1	6,246,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-100,000.
3	Subtract line 2e from line 1	3	6,346,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	130,623.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,477,441.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, nation	line 4; Part X, line .
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF AUDITED REVENUE TO FORM 990 REVENUE:

RETURNED CONTRIBUTION FROM RELATED ORGANIZATION \$100,000

PASS-THROUGH INCOME FROM K-1'S \$291,324

TOTAL \$391,324

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF AUDITED EXPENSES TO FORM 990 EXPENSES:

RETURNED CONTRIBUTION FROM RELATED ORGANIZATION (\$100,000)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

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

SCHEDULE J (Form 990)

LANDMEN,

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INC

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number 75-0975500

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. GRETA P. ZEIMETZ,	(i)	273,789.	54,060.	NONE	35,722.	28,457.	392,028.	
1 AAPL EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
AMANDA JOHNSON	(i)	144,787.	20,000.	4,936.	21,452.	17,469.	208,644.	
2 CAO END: 02/23	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LE'ANN CALLIHAN	(i)	240,951.	31,000.	NONE	34,623.	47,608.	354,182.	
3 AAPL VICE PRESIDENT	(ii)	NONE		NONE	NONE	NONE	NONE	
RUSSELL COHEN	(i)	151,622.	12,150.	5,232.	19,057.	18,882.	206,943.	
4 DIRECTOR OF GOVERNMENT AFFAIRS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANDREA SPENCER	(i)	122,783.	12,036.	5,232.	14,005.	21,090.	175,146.	
5 COMMUNICATIONS MANAGER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

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

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

PRESIDENT'S SPOUSE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS:

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

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

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

CONTINUOUS ENGAGEMENT AS A LAND PROFESSIONAL.

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

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

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

THREE NON-VOTING MEMBERSHIPS ARE ALSO AVAILABLE:

ASSOCIATE MEMBER, STUDENT MEMBER, AND HONORARY MEMBER.

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

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

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

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

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

MAINTAINED AT THE HEADQUARTERS TO DETERMINE THE VOTING ELIGIBILITY OF ANY

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

SCHEDULE 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

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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AMERICAN ASSOCIATION OF PROFESSIONAL

75-0975500

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

GOVERNING DECISIONS BY PERSONS OTHER THAN THE GOVERNING BODY:

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

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

FORM 990 REVIEW PROCESS:

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

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

CONFLICT OF INTEREST POLICY:

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

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

COMPENSATION REVIEW:

THE FOLLOWING METHODS ARE USED TO ESTABLISH COMPENSATION OF MANAGEMENT:

FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT AND

COMPENSATION SURVEY OR STUDY. PERFORMANCE AND PAY FOR THE EXECUTIVE VICE

PRESIDENT ARE REVIEWED ANNUALLY BY THE AAPL FINANCE COMMITTEE AND

REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS

IN JUNE.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

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.

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number 75-0975500

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

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

JOINT VENTURE ARRANGEMENT SAFEGAURDS:

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

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

COMPENSATION REVIEW:

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

PASS-THROUGH INCOME FROM K-1'S \$(291,324)

	<u> </u>
Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF DROFFSSIONAL	75-0975500

FORM 990, PART VII-COMPENSATION OF THE 5 H	IGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIGITAL 3 PRINTING		
2276 VANTAGE ST.		
DALLAS, TX 75207	PRINTING	241,170.
PERSONIFY, INC.		
P.O. BOX 735327		
DALLAS, TX 75373	SOFTWARE ENHANCEMENT	157,505.
HILLCO PARTNERS, LLC		
823 CONGRESS AVENUE, SUITE 900		
AUSTIN, TX 78701	CAPITAL MANAGEMENT	108,000.
LUTHER KING CAPITAL MANAGEMENT		
301 COMMERCE STREET, SUITE 1600		
FORT WORTH, TX 76102	INVESTMENT SERVICES	123,791.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization LANDMEN, INC.

Department of the Treasury

Internal Revenue Service

AMERICAN ASSOCIATION OF PROFESSIONAL

Employer identification number 75-0975500

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

(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) NAPE MANAGEMENT, LLC		20-4920726					
800 FOURNIER STREET	FORT WORTH, T	X 76102	TRADE SHOWS	TX	10,909.	18,605.	AAPL
_(2)							
_(3)							
_(4)							
_(5)							
(6)							
		<u> </u>					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) AAPL EDUCATIONAL FOUNDATION, INC. 23-7243157							
800 FOURNIER STREET FORT WORTH, TX 76102	EDUCATION	TX	501(C)(3)	12A, TYPE 1	AAPL	х	
(2) LANDMAN SCHOLARSHIP TRUST 23-7122144							
800 FOURNIER STREET FORT WORTH, TX 76102	SCHOLARSHIPS	TX	501(C)(3)	12A, TYPE 1	AAPL	х	
(3) NAPE EXPO CHARITIES FUND 81-3695208							
800 FOURNIER STREET FORT WORTH, TX 76102	GRANTS	TX	501(C)(3)	10	AAPL	х	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	Primary activity Leg domi (state forei	(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		Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		(k) Percentage ownership
		oountry)		,			Yes	No		Yes	No					
(1) NAPE EXPO, LP 20-4920808																
800 FOURNIER STREET FORT WORTH	TRADE SHOWS	TX	NONE	EXCLUDED FROM TAX	1,101,815.	1,879,099.		Х	-5,634.	Х		50.5000				
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Not	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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	<u> </u>
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	<u> </u>
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	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		1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	<u> </u>
0	Sharing of paid employees with related organization(s)	10	Х	<u> </u>
р	Reimbursement paid to related organization(s) for expenses	1p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1q	Х	<u> </u>
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)		X	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three		ls.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	orminin	na
		int inv		ig
(1)	NAPE EXPO, LP A 108,352. FMV			
(2)	AAPL EDUCATIONAL FOUNDATION, INC C 191,457. FMV			
(3)	NAPE EXPO, LP S 813,347. FMV			
(4)				
(5)				
(5)				
(0)				
(6)				

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.

	anationa F10 F14)		ations?	assets			Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ner?	(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	

Part VII Supplemental Information

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

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

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

	form, visit www.irs.gov/e-file-providers/e-file-		• •	structions). For more de	etails on th	electronic		
Automatic	6-Month Extension of Time. Only subn	nit original	(no copies needed).					
	ions required to file an income tax return ot orm 7004 to request an extension of time to		· -	120-C filers), partnership	ps, REMICs	, and trusts		
Type or	Name of exempt organization or other filer, see if AMERICAN ASSOCIATION OF PROFI	Taxpayer identification number (TIN)						
print	LANDMEN, INC.	75-097550	975500					
File by the due date for	Number, street, and room or suite no. If a P.O. b							
iling your	800 FOURNIER STREET							
return. See nstructions.	City, town or post office, state, and ZIP code. For	or a foreign ad	idress, see instructions.					
	FORT WORTH, TX 76102							
Enter the R	eturn Code for the return that this application	n is for (file	a separate application for	or each return)		0 1		
Application		Return	Application			Return		
s For		Code	Is For			Code		
Form 990 o	r Form 990-EZ	01	Form 1041-A			08		
Form 4720	`	03	Form 4720 (other tha	n individual)		09		
Form 990-P		04	Form 5227			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	(trust other than above) (corporation)	06 07	Form 8870			12		
If the orgIf this is for the who	800 FOURNIER ST ne No. 817 847-7700 anization does not have an office or place of or a Group Return, enter the organization's following group, check this box e names and TINs of all members the extensions.	business ir bur digit Gro If it is for pa	oup Exemption Number	ck this box (GEN)	If th	nis is		
	est an automatic 6-month extension of time u		05/15 . 202	24 , to file the exempt	t organizat	ion return		
for the	corganization named above. The extension is calendar year 20 or tax year beginning 07, ax year entered in line 1 is for less than 12 rechange in accounting period	s for the org	ganization's return for:	06/30_,	20 <u>23</u> .			
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the ter	ntative tax, less anv				
	undable credits. See instructions.	-,	,	, y	3a \$	NONE		
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any ref	undable credits and				
	ated tax payments made. Include any prior ye				3b \$	NONE		
	ce due. Subtract line 3b from line 3a. I	•	' '	form, if required, by				
	EFTPS (Electronic Federal Tax Payment Syste				3c \$	NONE		
Caution: If you netructions.	ou are going to make an electronic funds withdraw	wal (direct de	ebit) with this Form 8868,	see Form 8453-TE and Fo	orm 8879-TE	for payment		
For Privacy	Act and Panerwork Reduction Act Notice see ins	tructions			Form 8868	(Pay 1-2022)		

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