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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	01-2009 and ending 06-30-20.	10	D Employer ide	entification number		
_	eck if ap fress cha		AAPL Educational Foundation I	nc		23-724315	7		
_	me char	label or print or	Doing Business As			E Telephone nu			
_	al retur	type. Sec		ox if mail is not delivered to street addr	oss) Doom/suito	(817) 847-	7700		
– Ter	mınated	Instruc- tions.	4100 Fossil Creek Blvd	A il maii is not delivered to street addi	cssy Room, suite	G Gross receipts	\$ 1,234,665		
– _{Am}	ended r	eturn	City or town, state or country,	and ZIP + 4					
– Арр	olication	pending	Fort Worth, TX 76137						
		F N	ame and address of principal	officer	H(a) Is th	■ ıs a group returı	n for		
			n Schardt Fossil Creek Blvd		nates?				
			North, TX 76137		H(b) Are al	l affiliates includ	ed?		
					1 ' '		(see instructions)		
			(c) (3) ◀ (insert no)	a)(1) or 527	H(c) Grou	ıp exemption nu	mber ►		
		:► WWW LAND			1				
	n of org rt I	anization ✓ Corpoi	ration Trust Association Ot	her 🕨	L Year of fo	rmation 1983	State of legal domicile TX		
Гa			the organization's mission or	most significant activities					
		The educational	foundation was formed for the	purpose of fostering interest ar	nd promoting e	ducational prog	rams concerning the		
3		petroleum, miner	ral, and energy industries thro	ough tuition assistance					
aoremanive									
2									
			If the organization discont						
5				ody (Part VI, line 1a)			!		
5			endent voting members of the	D)					
			employees (Part V , line 2a) volunteers (estimate if neces						
Ċ			lated business revenue from						
		_	siness taxable income from F		71				
					Prio	r Year	Current Year		
	8	Contributions a	nd grants (Part VIII, line 1h)			7,127	26,977		
읦	9	Program servic	e revenue (Part VIII, line 2g)		84,000	102,000			
Ravenue	10	Investment inc	ome (Part VIII, column (A), l	•	7,911	81,177			
_	11		(Part VIII, column (A), lines		19,290	0			
	12		-add lines 8 through 11 (must	equal Part VIII, column (A), lir	ne	118,328	210,154		
	13			olumn (A), lines 1-3)		16,430	14,595		
	14	Benefits paid to	or for members (Part IX, col	umn (A), line 4)			0		
82	15	Salaries, other 10)	compensation, employee ben	efits (Part IX, column (A), lines	5 –		0		
Expenses	16a	•	ndraising fees (Part IX, colum			0			
ਡੌ	b	Total fundraising ex	xpenses (Part IX, column (D), line 2						
	17	·		.1a-11d, 11f-24f)	•	196,896 239,2 213,326 253,8			
	18			al Part IX, column (A), line 25)					
02	19	Revenue less e	xpenses Subtract line 18 fro	m line 12		-94,998	-43,650		
Fend Balances						g of Current 'ear	End of Year		
3.4	20	Total assets (P	art X, line 16)			2,324,281	2,418,882		
2	21	Total liabilities	(Part X, line 26)			25,458	16,953		
	22		und balances Subtract line 2	1 from line 20		2,298,823	2,401,929		
Pai	rt II	Signature B					had a feet of the state of the		
				ined this return, including accompanyin n of preparer (other than officer) is bas					
Sign	1	*****			2011-	01-14			
ler		Signature of off	icer		Date				
			Executive Vice President						
	-	Type or print na	ime and title						
		Preparer's Aliso	on Williams	Date	Check if self-	Preparer's identifications			
aid		Signature P			empolyed •				
	arer's	Firm's name (or your f self-employed),	urs Rylander Clay & Opitz LLP			EIN Þ			
56 (Only	address, and ZIP +	4 3200 Riverfront Drive Suite 2	200		Discours 1	(47) 222 2224		
			Fort Worth, TX 76107			Phone no 🕨 (8	<u> </u>		
1 - 4 -	ha ID	Siduacijas this rat	turn with the preparer shown a	shove? (see instructions)					

Part III Statement of Program Service Accomplishments

1 Diletty describe the oldanizations illissi	1	Briefly	describe	the	organization's missi	01
--	---	---------	----------	-----	----------------------	----

The educational foundation was formed for the purpose of fostering interest and promoting educational programs concerning the petroleum, mineral, and energy industries through tuition assistance

2			program services during the year w		Yes ✓ No
	If "Yes," describ	e these new services on Scheo	iule O		
3			e significant changes in how it cond		Yes ▽ No
	If "Yes," describ	e these changes on Schedule	0		
4	Section 501(c)(3) and 501(c)(4) organizations	r each of the organization's three la s and section 4947(a)(1) trusts are evenue, if any, for each program se	required to report the amount	
4a	(Code) (Expenses \$	14,595 including grants of \$	14,595) (Revenue \$	102,000)
	•	, , , ,	etroleum, mineral, and energy industry ava	, , ,	· · ·
					• •
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Schedu	•		
	(Expenses \$	ıncludır	ng grants of \$) (Revenue \$)
4e	Total program s	service expenses►\$	14,595		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuneu	Scileuule:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Part I	31		No
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		No
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

year

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	TT			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
Ju	return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
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).	- 05		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

4100 Fossil Creek Blvd Fort Worth, TX 76137 (817) 847-7700

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
ь	Enter the number of voting members that are independent 1b 4	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. з		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
		$\overline{}$	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	to conflicts?	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			110
а	The organization's CEO, Executive Director, or top management official	15a		Νο
	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
6~	ection C. Disclosure	16b		
<u> </u>	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Martin Schardt	ne orga	nızatıor	. ►

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did i	not compen	sate an	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Robin A Forte' Director, Part Year	2 00	x		х				0	338,615	42,027
Marshall Lochausen Director	2 00	х						0	0	0
Rimmer Covington Director	2 00	Х						0	0	0
Richard Rosprim Director	2 00	Х						0	0	0
Randall H Nichols Director	2 00	Х						0	0	0
Martin Schardt Director, Part Year	2 00	Х		х				0	0	0

Forr	n 990 (2009)			Page 8
1b	Total	515		42,027
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			2 (2 2 2 2)
			orm 99 0) (2009)

Form 9								Page 9
Part \	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated camp	paigns 1a					
g in	ь	Membership du	es 1b					
ts, a⊞	С		ents 1c					
<u>=</u>	d	Related organiz Government grants	eations 1d					
ons.	e	_	ons, gifts, grants, and 1f	26,977				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	butions included in 3,851					
Con	h	IIIIes Ta-TI D _	s 1a-1f	•	26,977			
e E	3-	Dant from Affiliate		Business Code	102.000	402.000		
Program Serwce Revenue	2a b	Rent from Affiliate		531,190	102,000	102,000		
or GE	, c							
7. M.C	d							
ૐ ⊊	e							
in in	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		102,000			
	3		ome (including dividend		222,222			
		and other simila	aramounts)	▶	34,207			34,207
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,071,481					
	ь	Less cost or other basis and	1,024,511					
	 c	sales expenses Gain or (loss)	46,970					
	d		s)		46,970			46,970
<u>•</u>	8a	Gross income f	rom fundraising					
Other Revenue		\$ of contributions See Part IV , lin						
₫	Ь	Loss direct ex	a penses b					
₹	c		(loss) from fundraising e	events ►				
	9a	Gross income fi See Part IV, lin						
	b c		a penses b Joss) from gaming active	/ities 🏲				
		Gross sales of returns and allo	inventory, less					
	ь	=	a oodssold b					
	С		loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	c							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	·	210,154	102,000	0	81,177

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21	14,595	14,595		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	8,339		8,339	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	14,496		14,496	
g	Other				
2	Advertising and promotion				
3	Office expenses				
ŀ	Information technology				
5	Royalties				
5	Occupancy	89,994		89,994	
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	75,257		75,257	
3	Insurance				
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Repairs and Maintenance	48,364		48,364	
b	PLM Nape Assistance	1,625		1,625	
c	Miscellaneous	1,134		1,134	
d					
е					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	253,804	14,595	239,209	
6	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,431	1	31,712
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
or Fund Balances Liabilities Assets	5	Receivables from current and former officers, directors, trustees	, key	employees, and			
		highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and				
Assets		Schedule L				6	
	7	Notes and loans receivable, net				7	
88	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			14,531	9	13,940
Balances Liabilities Assets	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,760,040			
	ь	Less accumulated depreciation	10b	1,079,770	663,338	10c	680,270
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•	1,641,981	12	1,692,960
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,324,281	16	2,418,882
	17	Accounts payable and accrued expenses .			17,948	17	13,657
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
eS.	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,510	25	3,296
	26	Total liabilities. Add lines 17 through 25			25,458	26	16,953
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
Ð		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			2,272,823	27	2,375,929
æ	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets		26,000	29	26,000	
Εū		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plet e			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ř	33	Total net assets or fund balances			2,298,823	33	2,401,929
_	34	Total liabilities and net assets/fund balances			2.324.281	34	2.418.882

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

DLN: 93493017005011

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization AAPL Educational Foundation Inc

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

23-7243157 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Nο (ii) a family member of a person described in (i) above? 11g(ii) Nο

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
American Association of Professional Landmen Inc	750975500	501(c)6	Yes		Yes		Yes		13,595
Total									13,595

11g(iii)

Νo

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493017005011

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization AAPI Educational Foundation Inc. 23-7243157 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during							
	the taxable year 🛌							
4	Number of states where property subject to conservation easement is located ►							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ No						
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►							
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(i)$?	┌ No						
9	In Part XIV, 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							
Pai	rt III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets.							

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

▶\$_____

(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 following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

'ar	Til Organizations Maintaining Co	llections of Art	, Hist	torica	<u>al Tre</u>	easur	es, or C	<u>)the</u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e follo	wing th	nat are	a signific	ant u	se of its c	ollectio	n	
а	Public exhibition		d	Γι	oan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	they 1	further	the or	ganızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an an		•									
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	diary	for cor	ntrıbut	ions or	other ass	etsı	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng tab	le		г					
								_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										\F \/	
_	Paginning of year halance	(a)Current Year 26,000	(b)	Prior Ye	ar 26,000	(c)Iwo	Years Back	(a)	Three Years	васк (е	e)Four Ye	ears Back
.a L	Beginning of year balance	20,000			20,000			+				
b	Contributions	404			389			+				
C	Investment earnings or losses	404			307			+				
d	Grants or scholarships Other expenditures for facilities	404			213			+				
е	and programs				213							
f	Administrative expenses				176							
g	End of year balance	26,000		;	26,000							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 100 000 % %											
c	Term endowment ► %											
a Ba	Are there endowment funds not in the posses	ssion of the organiz	ation t	hat are	e held	and ad	mınıstere	d for	the			
	organization by	_									Yes	No
	(i) unrelated organizations			•				•		3a(i)		Νο
_	(ii) related organizations							•		3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		
	Describe in Part XIV the intended uses of th)	rt V line	10				
7 @1	t VI Investments—Land, Building	s, and Equipme	nt. 56						(-) 1			
	Description of investment				Cost or (inves		(b)Cost or basis (oth		(c) Accum deprecia		(d) Bo	ok value
.a	Land				1	182,354						182,354
b	Buildings		•		8	336,868				596,135		240,733
С	Leasehold improvements		•		2	229,349				83,838		145,511
d	Equipment		•		5	511,469				399,797		111,672
e	Other											

680,270

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives Closely-held equity interests		
Other		
Other Securities	1,692,960	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,692,960	
Part VIII Investments—Program Related. See	, ,	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(L)	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990. Part X. col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	210,154
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	253,804
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-43,650
4	Net unrealized gains (losses) on investments	4	146,756
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	146,756
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	103,106
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	356,910
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	146,756
3	Subtract line 2e from line 1	3	210,154
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	210,154
Part	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	253,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	253,804
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	253,804
	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment fund investments are premanently restricted net assets to be held indefinitely, the income from which is expendable to support the Foundation
Part X	Description of Uncertain Tax Positions Under FIN 48	On July 1, 2009, the Organization adopted the provisions of FASB ASC 740, Income Taxes, which requires financial statement recognition and disclosure for uncertain tax positions taken or expected to be taken in a tax return. Financial statement recognition of a tax position is dependent on an assessment of a 50% or greater likelihood that the tax position will be sustained upon examination by the Internal Revenue Service, based on the technical merits of the position. Interest and penalties, if any, related to uncertain tax positions would be recorded in the statement of activities as general and administrative expense. Upon adoption (July 1, 2009) and as of June 30, 2010, management determined that the Organization does not have any unrecognized tax benefits. With few exceptions, federal income tax returns are no longer subject to examination by tax authorities prior to 2007.

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public Inspect ion

Name of the organization						Employer identifi	cation number			
AAPL Educational Foundation I	General Information on Grants and Assistance es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance selection criteria used to award the grants or assistance?									
Part I General Inform	General Information on Grants and Assistance the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and lection criteria used to award the grants or assistance? Fyes Form Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of anization overnment (c) IRC Code section if applicable grant (d) Amount of cash grant									
the selection criteria used Describe in Part IV the or Part II Grants and Oth Form 990, Part I	d to award the grants ganization's procedu ner Assistance to V, line 21 for any	or assistance? res for monitoring the use of Governments and received	of grant funds in the United States of Grant funds in the United States of the United States	Jnited States the United States Check this box if r		ganization answered	I "Yes" to 100. Use			
Part IV and Sche	edule I-1 (Form 99	0) if additional space	s needed				▶ ┌			
(a) Name and address of organization or government	(b) EIN			cash	valuation (book, FMV, appraisal,	non-cash assistance				
Houston Association of Professional Landmen2640 Fountain View Drive Houston,TX 77057	237158154	501(c)(6)	1,000				1			
A merican Association of Professional Landmen INc 4100 Fossil Creek Blvd Fort Worth, TX 76137	750975500	501(c)(6)	13,595				and Tuition			
2 Enter total number of sect	tion 501(c)(3) and go	vernment organizations .					<u> </u>			

Part III	Grants and Other	Assistance to	Individuals in th	e United States.	Complete if the	organization	answered "\	Yes" to Form 990,	Part IV, lı	ne 22.
	Use Schedule I-1 (F	Form 990) if add	itional space is nee	eded.						

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	_I	L	L	I.	L

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Foundation receives grant requests from other organizations affiliated with the oil and gas industries. The Foundation's operating committee reviews and approves the requests. The Foundation provides for student memberships to their related organization, AAPL. The Foundation also receives tuition assistance requests from their related organization, AAPL. The Foundation's operating committees reviews and approves the requests. Payments are made directly to AAPL.

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DLN: 93493017005011

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization AAPL Educational Foundation Inc. For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

23-7243157 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Νo Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(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)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Robin A Forte'	(I) (II)	0 250,000	0 75,000			0 7,200	0 380,642	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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DLN: 93493017005011

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization AAPL Educational Foundation Inc Employer identification number

23-7243157

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of Form 990 was provided to the Executive Board for review prior to submitting it to the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AAPL Educational Foundation, Inc. will provide its financial information to the public upon request. The By-law's are published annually in the Landman Directory, which is distributed to the membership of the American Association of Professional Landmen, Inc. The financial reports are published annually in the Annual report, which is also sent to the membership of the American Association of Professional Landmen, Inc. The Form 990 is available online at www. Guidestar org

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C	Oversight of the Audit	THE FOUNDATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE COMBINED INDEPENDENT AUDIT REPORT WITH THEIR SUPPORTED ORGANIZATION, AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT ARE PERFORMED BY AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN, INC

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

DLN: 93493017005011

2000

Schedule R (Form 990) 2009

Employer identification number

2009

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

(Form 990)

SCHEDULE R

ucational Foundation Inc				23-7243157		
Identification of Disregarded Entities (Co	omplete if the organization	answered "Yes" on	Form 990, Part IV	/, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity	
Identification of Related Tax-Exempt Orgon more related tax-exempt organizations dur		the organization and	swered "Yes" on F	form 990, Part 1	IV, line 34 because it ha	
(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 state (if section 501(c))	tus (f) Direct controlling (3)) entity	
an Association of Professional Landman Inc						
ossil Creek Blvd orth, TX 76137 75500	Land Professionals Organization	тх	501(c)(6)		N/A	
an Scholarship Trust						
ossil Creek Blvd orth, TN 76137	Education scholarships	TX	501(c)(3)	11	a, I N/A	
22144						

Cat No 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h Disprop allocat	ortionate			mana	al or Iging
								Yes	No			UBI General managii partnei (65) Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	Percentag		
									1				
									1				

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)						
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?						
a Rece	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No			
b Gift,	grant, or capital contribution to other organization(s)		1 b	Yes				
c Gift, g	rant, or capital contribution from other organization(s)		1 c	Yes				
d Loans	or loan guarantees to or for other organization(s)		1 d		No			
e Loans	s or loan guarantees by other organization(s)		1e		No			
f Sale o	of assets to other organization(s)		1f		No			
g Purch	nase of assets from other organization(s)		1 g		No			
h Exch	ange of assets		1h		No			
i Lease	of facilities, equipment, or other assets to other organization(s)		1i	Yes				
i Lease	of facilities, equipment, or other assets from other organization(s)		1 j		No			
	rmance of services or membership or fundraising solicitations for other organization(s)		1k		No			
	mance of services or membership or fundraising solicitations by other organization(s)		11		No			
	ng of facilities, equipment, mailing lists, or other assets		1m		No			
	n Sharing of paid employees							
o Reim	bursement paid to other organization for expenses		10		No			
p Reim	bursement paid by other organization for expenses		1 p		No			
q Othe	r transfer of cash or property to other organization(s)		1q		No			
	transfer of cash or property from other organization(s)		1r		No			
	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	nips and transaction thres	holds					
	(a) Name of other organization	(b) Transaction type(a-r)		(c) t involve	ed			
(1) American	Association of Professional Landmen Inc	В		1	3,595			
(2) american	Association of Professional Landmen Inc	I		10	2,000			
(3) American	Association of Professional Landmen Inc	С		2	3,851			
(4) american	Association of Professional Landmen Inc	N			0			
(5)								
(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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General d managing partner?	
			Yes	No		Yes	No		Yes	N	
									+-	╁	
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