2	9	3	9	3	3	2	0	0	0	1	1	9
e Ai	<b>*</b>	7 N	u s	1	1.2	CI	4F	D				

	-3	Z(*)							EX1€1789	734 4 1.2 a	4, 42, 102.	~		
,	Form	990-T	Ex	empt Organiz	zation oxy tax	Bus	iness In er sectior	come	Tax Retui	rn	OMB No 1545-0687			
			For calen	dar year 2018 or other ta	-					20				
	Donast	ment of the Treasury		►Go to www.irs.go	_						اک	910		
		Revenue Service	▶Do	not enter SSN numbers o						c)(3)	(3) Doen to Public Inspection for 501(c)(3) Organizations Only			
	Α _	Check box if address changed		Name of organization (	Check box	x if nam	ne changed and s	see instruction	ns.)		oyer identific iyees' trust, see	ation number instructions)		
		mpt under section	j	JA & LETA CH					LAC			_		
	<u></u>	501( C (1 3 )	Print     or	Number, street, and room	or suite no If	faPO.	box, see instruct	tions			6090485	s activity code		
	#	408(e) 220(e)	INAPE								structions )	is activity code		
	<b>c 3</b>	408A530(a) 529(a)	1	P.O. BOX 162 City or town, state or prov		and ZI	P or foreign post	tal code		†				
	PC Boo	k value of all assets	1	TULSA, OK 74							5230	000		
		nd of year	F Grou	up exemption number (S			<b>&gt;</b>			J				
	₽11	9,733,481.	G Chec	ck organization type	501	(c) cor	poration	X 501(c	) trust	401(a)	trust	Other trust		
	υ <del>∏</del> Er	iter the number of	the organ	nization's unrelated trade	es or busine	sses.	<b></b>	1	Describe	the only	(or first) un	related		
ENVELOPE	ŏ tra			COME (LOSS) FROM PAR				-	complete Parts I-			describe the		
E0	美 fir	st in the blank spai	ce at the	end of the previous sent	ence, comp	olete Pa	arts I and II, co	mplete a Sc	hedule M for eac	h addition	nal			
⋛.	tra	de or business, the										Yes X No		
ي و	יט וק			orporation a subsidiary dentifying number of the				-subsidiary d	ontrolled group?			_ YesA NO		
Q	<u>'''</u> J Th	ne books are in care			; parent corp	poracio	л. <b>Р</b>	Telephor	ie number 🕨 🧐	918 29	3-7567			
				or Business Income	<u></u>		(A) Inc		(B) Exper		<del></del>	(C) Net		
		Gross receipts or							, s, t, t, m, j, t		7	7 45		
	ь	Less returns and allows	ances		c Balance 🕨	1c								
	2	Cost of goods sol	d (Schedu	ıle A, line 7)		2			3 1 4 1 1 1 1 1 1 1 1					
	3	Gross profit. Subt	ract line 2	2 from line 1c		3		···-						
	4a	. •		ttach Schedule D)		4a			100 mg 1 m		*1			
	b	•		Part II, line 17) (attach Forr		$\overline{}$		<u> </u>	F		1			
	с 5	•		rusts		4c 5		13,126.	<del></del>	, . ':		13,126		
	6	•		an a corporation fattach statem		6		13/120.						
	7			come (Schedule E)		7					REC	EIVED		
	8	Interest, annuities, roya	alties, and rer	nts from a controlled organization	on (Schedule F)	8					<del></del>			
	9	Investment income of	a section 50	1(c)(7), (9), or (17) organization	n (Schedule G)	9				246	NOV 1	4 2019		
	10	•	•	ncome (Schedule I)		10				101	1.10 1 2	1 5015 13 4		
	11	•	-	lule J)		11				* : 54.1	OGDE			
	12			nons, attach schedule) . ough 12		12	-	13,126.	market and and the second		OGUE	13.126		
	13 Par		ns Not	Taken Elsewhere (	See instr	uction			leductions.) (	Except f	or contrib			
-				be directly connect	•							•		
,	14			directors, and trustees (S						. 14	Ι			
<b>.</b>	15										ļ			
_	16											<del></del>		
	17										<u> </u>			
	18			(see instructions)						- 1	1			
•	19 20													
	21			4562)	· ·					بر بر	-:			
,	22			on Schedule A and else					-					
	23	Depletion		.,						23				
	24			compensation plans										
	25			s							-†			
	26			Schedule I)							<b>1</b>			
	27 28	•		chedule J) schedule)								<del> </del>		
	28 29			es 14 through 28								<del></del>		
	30			ole income before net								13,126		
	31			g loss arising in tax year							10, 13, 3, 4	$\frac{1}{n} e^{\log_2 \frac{1}{2} \frac{1}{n}} = \frac{1}{n} e^{-\frac{1}{2} \frac{1}{n} \frac{1}{n}} \frac{1}{n} e^{-\frac{1}{2} \frac{1}{n}} e^{-\frac{1}{2} \frac{1}{n}} e^{-\frac{1}{2} \frac{1}{n}} e^{-\frac{1}{2} \frac{1}{n}}$		
	32	Unrelated busine	ss taxable	e income. Subtract line 3	31 from line	30 .	<u> </u>	<u></u>		32		13,126		

486001AC4

7 9 Ty

نسر	r	73-60904	:85
7	990-T (2018)		Page 2
-Part	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	<b>;</b>	
	Instructions)STMT-2STMT-1	. 33	<u>13,126</u> .
34	Amounts paid for disallowed fringes	. 34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		<del></del>
•••	instructions),		13,126.
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	<del></del>	
36	of lines 33 and 34		
			1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	F 1	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.		
	enter the smaller of zero or line 36	· 38	<u>NON</u> E
Part	IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		
40	Trusts Taxable, at Trust Rates. See instructions for tax computation. Income tax on	1 <u>2 3 3 </u>	
	the amount on line 38 from. X Tax rate schedule or Schedule D (Form 1041)	▶ 40	NONE
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)	. 42	
43	Tax on Noncompliant Facility Income. See instructions	. 43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		NONE
		-1	1,011
Part		, 1 12	<del></del>
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions)		•
С	General business credit. Attach Form 3800 (see instructions)	— 3, 5, 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d		
46	Subtract line 45e from line 44		NONE
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	). 47	
48	Total tax. Add lines 46 and 47 (see instructions)	. 48	<u>NON</u> E
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
-	Payments A 2017 overpayment credited to 2018	25, 35	
h	2018 estimated tax payments		
•	Tax deposited with Form 8868	10	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
a	Backup withholding (see instructions)	<b></b>	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments. Form 2439	\$ - 1	
	Form 4136 Other Total ▶ <b>50g</b>		4 000
51	Total payments. Add lines 50a through 50g	. 51	4,200.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	<u>NON</u> E
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	4,200.
<u>55</u>	Enter the amount of line 54 you want		4,200.
Part		ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		thority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of th		
	here	<b>J</b> •	X
			<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trustf.	1 1 2 K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	a best of my b-	nowledge and holief it is
<b>.</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e new or my kn	
Sig	h   BOKE, N.A., TRUSTEE	May the IRS	discuss this return
Her	77 - 77		parer shown below
	ugnatules office Date Title	(see instructions)	1 100
	Print/Type preparer's name Preparer's signature Date Ch	neck ıf	PTIN
Paid		If-employed	17
	Darer Firm's name Firm's name	rm's EIN 🕨	, 1
Use	Only	one no	4, 175

JSA

Form **990-T** (2018)

. Dansata of dal		2 Gross income from or allocable to debt-financed		nnected with or allocable to ced property
1 Description of del	ot-inanceo property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals			<b></b>	

Form 990-T (2018)

•		Exen	npt Coi	ntrolled Org	janizatio T	ns	T _ :		Т		
Name of controlled organization	2 Employer identification numb	er 1		ated income astructions)		of specified nts made	ıncluded	column 4 the in the control on's gross inc	lling	6 Deductions directly connected with income in column 5	
1)											
2)											
3)											
1)											
Ionexempt Controlled Organia	ations									<u>-</u>	
7. Taxable Income	8 Net unrelated in (loss) (see instruct			Fotal of specifi ayments made		includ	rt of column ed in the cor ration's gross	itrolling		Deductions directly nected with income in column 10	
1)											
2)											
3)											
1)											
otals	· · · · · · · · · · · · · · · · · · ·		 -\/3\			Enter Part I	columns 5 al here and on , line 8, colui	page 1, mn (A).	Ente	d columns 6 and 11 ir here and on page 1, i I, line 8, column (B)	
icneaule G-Investment II	icome of a Sec	tion 50 ite	C)( / ),			nization			-1	5 Total deductions	
1. Description of income	2 Amount of	income	3. Deductions directly connecte (attach schedule					t-asides schedule)		and set-asides (col. 3 plus col. 4)	
1)	-		_								
2)			-								
3)						-+	· ·		$-\!\!\!+$	<del></del>	
4)	Enter here and		, 1 ~,	in f Billing	2	* 3 3 1	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	4, 4, 4	, E	nter here and on page	
rotals ► Schedule I –Exploited Exe	Part I, line 9, co	olumn (A).	er Th	لالتار اليسيد L					in the	Part I, line 9, column (f	
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exper directl connected productio unrelat	3. Expenses directly nnected with roduction of unrelated  4 Net inc from unre or busine 2 minus if a gain,		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		nses ble to n 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4),	
1)						_					
2)											
3)	-			<del>                                     </del>	-			<del> </del>			
4)	<u> </u>			<del> </del>				<u> </u>			
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		112 A A TO				Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In Part I Income From Per			onsol								
1 Name of periodical	2 Gross advertising income	vertising advertising		4 Adver gain or (lo 2 minus c a gain, co cols. 5 thr	ss) (col ol 3) If mpute ough 7	5 Circulation income		6 Reade costs		7 Excess readersh costs (column 6 minus column 5, bi not more than column 4)	
1)				C. M. A. J. S.						1	
(2)											
3)				The second of the second	1 1 1 2						
4)											
otals (carry to Part II, line (5))											
										Form 990-T. (20	

Part-II- Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

· 1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		🕨	

Form **990-T** (2018)

FORM	990T	-	LI	NE	5	-IN	COI	ΜE	(I	COS	S)	FI	ROM	1	PAR	TN	ERS	SH]	PS	
	=====	===		===	===	====	===	===	===	===	==	===	===	===	===	==	==:	===	===	

AMERICAN PRIVATE EQUITY PARTNERS II, L.P. 8,838. CHAPMAN PRIVATE EQUITY LLC 4,229. SIGULER GUFF DISTRESSED OPPORTUNITIES FUND II, LP 59.  TOTAL INCOME (LOSS) FROM PARTNERSHIPS 13,126.		===========
CHAPMAN PRIVATE EQUITY LLC 4,229.	TOTAL INCOME (LOSS) FROM PARTNERSHIPS	13,126.
	CHAPMAN PRIVATE EQUITY LLC	4,229.

STATEMENT 2

JA & LETA CHAPMAN TRUST GENERAL 486001AC4

SUSINESS TAXABLE INCOME	***************************************
UNRELATED E	***********
~	#
m	ij
LINE	
III,	11
PART	
,I-066	:::::::::::::::::::::::::::::::::::::::
FORM	=======================================

7. CARRYOVER LOSS		91 00 14 19 19 10 11 11 11
6. CURRENT YEAR LOSS		11 11 11 11 11 11 11 11
5. ' NET UBTI	13,126.	11 11 11 11 11 11 11 11 11
4. ALLOWABLE LOSS		
3. CURRENT YEAR UBTI	13,126.	
2. PRIOR YEAR LOSS		## ## ## ## ## ## ## ## ## ## ## ## ##
1. ACTIVITY DESCRIPTION	INCOME (LOSS) FROM PARTNERSHIPS COLUMN TOTALS	

FORM 990T - TAX DEPOSITED WITH EXTENSION \_\_\_\_\_

4,200. TAX DEPOSITED WITH FORM 8868 .....

TOTAL TAX DEPOSITS MADE 4,200. ==========