Form 990	.T E	xempt Organizatio				rn	вмо	No 1545-0687
rorm JJU		and proxy to		der section 603		20 .	9)M 1 O
B		■ Go to www.irs.gov/Forms				····	<u>(4</u>	
Department of the Tre Internal Revenue Servi		o not enter SSN numbers on this for				c)(3).	Open to P	ublic Inspection for Organizations Only
A Check box				me changed and see instruc		D Empl	oyer identıf	ication number
address c	anged					(Emplo	yees' trust, se	e instructions)
B Exempt under se	tion	MCFARLIN, IDA M M	EMORI	AL TRUST 48601	.0AC5]		
X 501(C 0)	Print		_			1 73-	609053	3
408(e)	^{220(e)} Type							ess activity code
408A	530(a)	P.O. BOX 1620				(2ee in	structions)	
529(a)		City or town, state or province, coul	ntry, and Z	IP or foreign postal code]		
C Book value of all	essets	TULSA, OK 74101-1	620		_			
at end of year	F Gro	oup exemption number (See instri	uctions.)	<u> </u>				
15,845,5	98. G Che	eck organization type 🕨 📗 5	01(c) co	rporation X 50	1(c) trust	401(a)	trust	Other trust
H Enter the num	ber of the orga	anization's unrelated trades or bus	inesses.	▶ 1	Describe	the only	(or first) u	nrelated
trade or busin	ess here 🕨 <u>I</u> l	NCOME (LOSS) FROM PARTNERSHI	PS	If only or	e, complete Parts I-	V. If more	than one,	describe the
first in the bla	nk space at the	e end of the previous sentence, co	mplete F	arts I and II, complete a	Schedule M for each	h addıtıoı	nal	
		olete Parts III-V.						
During the tax	year, was the	corporation a subsidiary in an affi	liated gre	oup or a parent-subsidiar	y controlled group?		▶ _	Yes _X No
		identifying number of the parent	corporati					
		BOKF, N.A			none number > 9		<u>3-7567</u>	
Part Unre	ated Trade	or Business Income		(A) Income	(B) Expen		21 7 32 1 . 10.	(C) Net
1a Gross recei	ots or sales		ł				11	발견된 12 전 12 시간 - [12] 12 전 12 시간
	d allowances		· 					7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
		dule A, line 7)			11, 1180 5., , 11			" a" or take " about " "
•		2 from line 1c			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		attach Schedule D)		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
		, Part II, line 17) (attach Form 4797) .			3333 333 333 333		<u> </u>	
		trusts		1 200	No. 3 COM			
		or an S corporation (attach statement)		1,280). STMT.	<u>[c] [</u>	REC	EIVED
)				-1.5		
		ncome (Schedule E)				- 52	NOV	1 4 2019
_		ents from a controlled organization (Schedul	· · ·			 	INU V	1 4 2019
		i01(c)(7), (9), or (17) organization (Schedule	~'—	<u> </u>	 	+-		
•		income (Schedule I) dule J)	•			+	OCD	EN, UT
-		ctions, attach schedule)	-		1 km n n 1 2 3 «f _{e 103} »			
		rough 12	· —	. 1,280				1,28
Part II Ded	ections Not	Taken Elsewhere (See in:				ycent f	or contri	hutions
		t be directly connected with				-xoop: 1	0, 00,,,,,	buttono,
		directors, and trustees (Schedule				14	1	
•								
								
· ·								
		(see instructions)						
		See instructions for limitation rule					 	
		1 4562)		1 1				
		on Schedule A and elsewhere or					~	
						$\overline{}$	+	
		compensation plans					†···	
		ns ,			•		 	
		(Schedule I)					 	
		Schedule J)					†	
		schedule)					 	·
		es 14 through 28					 	
29 Total dadu		·- unougn &u. , , , , , , ,					 	1,28
	hijeingee tavat	ble income before not approxi-	na loce	deduction Subtract In	no 29 from line i			
30 Unrelated		ble income before net operation	-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30 Unrelated31 Deduction	or net operatin	ble income before net operation ng loss arising in tax years beginn e income. Subtract line 31 from li	ing on a	after January 1, 2018 (see instructions) .	31	13 5 13 mg 2 2 mg	1,280

73-6090533

Form	990-T (20					Page 2
Part	t III	Total Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ions)	33		1	,280
34	Amount	ts paid for disallowed fringes	34			
35	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	ınstruct	ions)	35		1	,280
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines	33 and 34	36			
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1	,000
38	Unrelat	ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter th	e smaller of zero or line 36	38			NON
Part	t IV	Tax Computation				
39	Organiz	eations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on				
		ount on line 38 from: X Tax rate schedule or Schedule D (Form 1041)	40			NON
41		ax. See instructions	41			
42		ive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42			
43	Tax on	Noncompliant Facility Income. See Instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			NON
Part		Tax and Payments	3 ^ 1			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	, x ,			
		redits (see instructions)	1.11			
C	General	business credit. Attach Form 3800 (see instructions)	, is 1			
		or prior year minimum tax (attach Form 8801 or 8827)				
е		edits. Add lines 45a through 45d	45e			
46		t line 45e from line 44 · · · · · · · · · · · · · · · · · ·	46			NON
47		ces Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .				
48		x. Add lines 46 and 47 (see instructions)	48			NON
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		its. A 2017 overpayment credited to 2018	3			
		stimated tax payments · · · · · · · · · · · · · · · · · · ·				
		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
e		withholding (see instructions)	, .7.			
f		or small employer health insurance premiums (attach Form 8941) 50f				
g	Other co	redits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 50g	***************************************			
51	Total pa	ayments. Add lines 50a through 50g	_51			200
52	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			NON
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			200
55		amount of line 54 you want Credited to 2019 estimated tax	55			200
	: VI	Statements Regarding Certain Activities and Other Information (see instructions			TV	- NI-
56		time during the 2018 calendar year, did the organization have an interest in or a signature or			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			* ' ₁	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreig	n country		
	here 🕨				-	X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trus	st ⁷	, ,	X
		see instructions for other forms the organization may have to file.			1,5,2	2.3
<u>58</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$ nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of a	ny knowledce	and hel	ref it is
C:~-	l tn	ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	(,omeoge	3.10 DEII	, 11 15
Sign		/ / ITOD DDDGTDDVM		IRS discus		
Her			h the instruct	preparer s		below
		Print/Type preparer's name Preparer's signature Date Charles	- matruci	PTIN	es	No
Paid		Check		†		
Prep			mploye			
Use	Only		EIN 🕨	·		
		Firm's address P Phone	110.	Form C	90-T	(2018)

P	2	_	•	

101111330-1 (2016)							, ege
Schedule A - Cost of G	oods Sold. Er	ter method	d of invent	ory valuation I	<u> </u>		
1 Inventory at beginning of y	year . 1			6 Inventory a	it end of yea	ir	6
2 Purchases	2			7 Cost of	goods so	ld. Subtract line	
3 Cost of labor	3			6 from I	ine 5 En	ter here and in	
4a Additional section 263A c	osts			Part I, line	2		7
(attach schedule)	4a			8 Do the	rules of	section 263A (w	with respect to Yes No
b Other costs (attach schedu	ıle) . 4b			property	produced	or acquired for	resale) apply
5 Total. Add lines 1 through	4b · 5					<u> </u>	
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	rty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)	<u> </u>						
(4)							
	2. Rent receiv	ved or accrue	ed				
(a) From personal property (if the	percentage of rent	(ы) ғ	rom real and	personal property	ıf the	3(a) Deductions di	rectly connected with the income
for personal property is more th	nan 10% but not	percent	age of rent fo	or personal property	exceeds	ın columns 2(a	a) and 2(b) (attach schedule)
more than 50%)	50% 01	r if the rent is	based on profit or	ncome)		
(1)		T					
(2)							
(3)				-			
(4)							
Total		Total					
(c) Total income. Add totals of c	olumns 2(a) and 2	(b) Enter			-	(b) Total deduction Enter here and on	
here and on page 1, Part I, line 6						Part I, line 6, colui	
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instruct	ions)			
		<u> </u>		income from or	3 [nected with or allocable to
1 Description of deb	bt-financed property			to debt-financed	(a) Strough	debt-finance of line depreciation	ed property (b) Other deductions
			"	property		ch schedule)	(attach schedule)
(1)		-					
(2)							
(3)							
(4)							
4 Amount of average	5 Average adju			C-1			8 Allocable deductions
acquisition debt on or	of or alloca debt-financed			Column I divided		ncome reportable	(column 6 x total of columns
allocable to debt-financed property (attach schedule)	(attach sch		by	column 5	(colum	n 2 x column 6)	3(a) and 3(b))
(1)				%	_		
(2)				%			
(3)	-			%			
(4)	<u> </u>			%			
<u>, , , , , , , , , , , , , , , , , , , </u>				,	Enter her	e and on page 1,	Enter here and on page 1,
						e 7, column (A)	Part I, line 7, column (B).
				_			
Totals				▶			
Totals				.	Part I, lin	e 7, column (A)	Part I, line 7, column

Form 990-T (2018)							609 <u>053</u> 3			Page 4
Schedule F-Interest, Ann	uities, Royalties,						ions (see	instructio	ns)	
		Exe	empt Con	trolled Org	anızatıc	ns				
1 Name of controlled organization			3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)		_								
(4) .		l								
Nonexempt Controlled Organiz		1			<u> </u>	10 Pa	rt of column	O that is	11	Deductions directly
7 Taxable Income	8 Net unrelated inc (loss) (see instructi			otal of specific syments made		includ	led in the cor zation's gross	trolling		nected with income in column 10
(1)										
(2)										· · · · · · · · · · · · · · · · · · ·
(3)			_		_		 -			
(4)						Add	columns 5 a	nd 10	Ad	d columns 6 and 11
•				•		Enter	here and on , line 8, colu	page 1,		er here and on page 1, t I, line 8, column (B)
Totals					▶				<u> </u>	
Schedule G-Investment I	ncome of a Sect	ion 50 <u>′</u>	1(c)(7), (nizatior	ı (see ınst	ructions)		
1 Description of income	2 Amount of i	ncome		3 Deduc directly con (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				_				_		
(2)	 					<u> </u>				
(3)										
(4)	Enter here and o	n nage 1	2,478	SIMP THE IN	M D P H B		1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(3) 3°1 1/3 ×	" 1	Enter here and on page 1,
	Part I, line 9, col		, , , , , , , , , , , , , , , , , , ,							Part I, line 9, column (B)
Totals	.		1		gran Palasi		grijiê û .		- [1,185]	
Schedule I – Exploited Exe		me, O						ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exp dire connect produc unre	penses ectly ted with ction of elated s income	4 Net inconfrom unrelated or business 2 minus colling a gain, colling 5 three collings.	ne (loss) ed trade (column umn 3) ompute	5 Gro from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	 									
(3)	 									
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)	H ₃ 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J – Advertising II	ncome (see instru	ctions)		11 .11 ', E	-Z 1 , 1 , 1911	ectr -	- 10 11 1	1 2 1 1 2 1	1,,	
Part I Income From Per			Consoli	dated Bas	sis					
Tare moonid for the										3 Fires and death in
1 Name of periodical	2 Gross advertising income		lirect ing costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	i	culation come	6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				3, 3, 4, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,						
(2)										
(3)										
(4)	-				, , , , , , , , , , , , , , , , , , ,			_		2
Totals (carry to Part II, line (5))	,									Form 990-T (2018)

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				(李本) W. F. K.		
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).	The street of th		Anguntanapar Townston Louis	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	4 Compensation attributable to unrelated business
1)	· · · · · · · · · · · · · · · · · · ·	%	
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1. Part II. line	14	▶	

Form 990-T (2018)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS _______

AMERICAN PRIVATE EQUITY PARTNERS II LP CHAPMAN PRIVATE EQUITY LLC

884. 396.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS

1,280.

FORM 990-T, PART III, LINE 33 - UNRELATED BUSINESS TAXABLE INCOME

7. CARRYOVER LOSS		H H H H H H H H
	i	ï
6. CURRENT YEAR LOSS		
5 ii	; ; ;	#
5. NET UBTI	1,280.	14 18 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
SSO:	;	!
4. ALLOWABLE LOSS		
R UBTI	1,280.	
3. CURRENT YEAR UBTI	1,280.	11 11 11 11 11 11 11 11 11
AR LOSS		11 63 64 10 11 11 11 11 11
2. PRIOR YEAR LOSS		;; ;; ;;
	ERSHIPS	
RIPTION	FROM PARTN	
1. ACTIVITY DESCRIPTION	INCOME (LOSS) FROM PARTWERSHIPS COLUMN TO	

STATEMENT 2

486010ACS

FORM 990T - TAX DEPOSITED WITH EXTENSION 200. TAX DEPOSITED WITH FORM 8868 TOTAL TAX DEPOSITS MADE