	990-T	E>	cempt Orga	nization proxy tax	Bus	siness I	ncome	Tax Retui		OMB No 1545-0047
FO		Ear ealer	diiu ndar year 2019 or oth					1 1 1 7	<i>ب</i> 20	୬⋒ <b>1</b> 0
	*/	For cale	Go to www.ir							<u> </u>
	partment of the Treasury rnal Revenue Service	▶Do	not enter SSN number	•					c)(3)	Open to Public Inspection for 55 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization			<del></del>	d see instruction		D Emp	lloyer identification number lloyees' trust, see instructions )
В	Exempt under section		PAULINE MC	FARLIN ME	EMOR	IAL TRUS	T 48600	5AC		
	K 501( C ((; <b>/</b> 3 )	Print	Number, street, and re	oom or suite no I	f a P O	box, see instru	ictions		73	-6202627
	408(e) 220(e	Type								elated business activity code instructions )
	408A 530(a		P.O. BOX 1						(366	man actions )
	529(a)	<u> </u>	City or town, state or	province, country	, and ZI	P or foreign po	stal code			
	Book value of all assets		TULSA, OK	74101-162	20					
•	at end of year	F Gro	up exemption number	er (See instructi	ons.)	<u> </u>				····
_	<u>70,362,734.</u>	G Che	ck organization type	<b>▶</b> 501	(c) cor	poration	X 501(c	) trust	401(a	trust Other trust
Н	Enter the number of	the orga	nization's unrelated t	rades or busine	esses.	▶	1	Describe	the onl	y (or first) unrelated
			NCOME (LOSS) FROM				•	•		e than one, describe the
	first in the blank spa	ce at the	end of the previous	sentence, comp	olete P	arts I and II, o	complete a Sc	hedule M for eac	h additio	onal
_	trade or business, th									
ı			corporation a subsidi				nt-subsidiary o	ontrolled group?	· · · ·	▶ Yes X No
_			dentifying number of	the parent cor	poratio	on. 🕨				22 5565
	The books are in car						•	ne number > 9		<del></del>
Р			or Business Inco	ome		(A) Ir	ncome	(B) Exper	ises	(C) Net
1	a Gross receipts or			┥				333		
	b Less returns and allow			c Balance				3 y 3 4 1 7	<u>* 3 18 33</u>	
2	•		ule A, line 7)		2_				730 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	•		2 from line 1c		3_			" Jan	1,41,11	
4			ttach Schedule D)	•	4a				*	1
	<u> </u>		Part II, line 17) (attach		4b			1	382,	,
	·		trusts		4c		<u>4</u> 6,871.	STMT	<u></u>	46,871
) 5	•		r an S corporation (attach s				£0,011.	STMT		10,071
6	•				7			-		
7 8			ncome (Schedule E)		_					
9			ints from a controlled organ 01(c)(7), (9), or (17) organi							<del></del>
10			ncome (Schedule I)		10		<u> </u>			
11			dule J)		11					
12	-		tions, attach schedul		12			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 7% - 2%
13	•		ough 12		$\overline{}$		46,871.			46,871.
P	art II Deductio	ns Not	Taken Elsewhei	e-(See-instr	uctio	os for limit	ations on o	deductions.) ([	Deduct	ions must be directly
_	connecte	d with t	he unrelated bus	siness (Con	EIV	ED				·
14			directors, and trustee						14	1
15						I (C)			1	5
16	Repairs and mair	itenance	/	S JAN 2	6 6 7	D21 :  Q			10	6
17	Bad debts		./		<del></del>				[17	
18	Interest (attach s	chedule),	(see instructions)	OGD	EN.	. U.T			1	В
19										
20			4562)						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	;
21	Less depreciation	claimed	on Schedule A and	elsewhere on re	eturn		21a		21	b
22										2
23			compensation plans							3
24	Employee benefit	program	s						24	1
		rnancae l	Schedule I)							5
25	Excess exempt e	-							20	s I
	Excess exempt e	-	ichedule J)						• •   21	<u></u>
25	Excess exempt e  Excess readershi  Other deductions	costs (S (attach s	ichedule J) schedule)						2	
25 26	Excess exempt e Excess readershi Other deductions Total deductions	costs (S attach s Add line	schedule J) schedule) es 14 through 27				 		21	7
25 26 27	Excess exempt e Excess readershi Other deductions Total deductions Unrelated busin	costs (S (attach s Add line	schedule J) schedule) es 14 through 27 ole income before	net operating	loss	deduction.		28 from line	21 21 13 21	7
25 26 27 28	Excess exempt e Excess readershi Other deductions Total deductions Unrelated busin Deduction for ne	costs (S (attach s Add line ess taxal t operatin	schedule J) schedule) es 14 through 27	net operating	loss	deduction. S		28 from line instructions)	21 13 29 30	7 8 9 46,871

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Form:	990-T <sub>r</sub> (20)		13-0202021	rage Z
Part	-	Total Unrelated Business Taxable Income		
32	Total b	f unrelated business taxable income computed from all unrelated trades or businesses	(see	
	instructi	ons)	32	46,871
33	Amount	s paid for disallowed fringes	33	<u></u>
34	Charitab	le contributions (see instructions for limitation rules)	34	
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract		
		the sum of lines 32 and 33	7 1 1 1	46,871
36		on for net operating loss arising in tax years beginning before January 1, 2018		
-		ons)	4 B B	
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		46,871
		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000
38				1,000
39	• '1	d business taxable income. Subtract line 38 from line 37. If line 38 is greater than line	\ \   _ J	45,871
	_	e smaller of zero or line 37	. //   25	43,071
		Tax Computation	N 40 T	
40		ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1 1 1	
41		Taxable at Trust Rates. See instructions for tax computation, Income tax		15 330
		unt on line 39 from X Tax rate schedule or Schedule D (Form 1041)		<u> 15,330</u>
42		x. See instructions		
43	Alternat	ve minimum tax (trusts only)	43	
44	Tax on	Voncompliant Facility Income. See instructions	. 144	
45	I oţąli A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	· . \ 45	15,330
Part	) V	Tax and Payments	<u> </u>	
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other cr	edits (see instructions)		
C	General	business credit. Attach Form 3800 (see instructions)		
		or prior year minimum tax (attach Form 8801 or 8827)		
е	Total cr	edits. Add lines 46a through 46d	46e	
47		line 46e from line 45	1	15,330
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche		
49		x. Add lines 47 and 48 (see instructions)		15,330
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column(k), fine 3	1	
		ts A 2018 overpayment credited to 2019	240	
		timated tax payments		
	Tay don	osited with Form 8868	,424	
٦	Faraga	organizations' Tax paid or withheld at source (see instructions)		
u	Pasing	withholding (see instructions)		
	Dackup Candid fo	or small employer health insurance premiums (attach Form 8941)	<del></del>	
g		edits, adjustments, and payments Form 2439		
			<u></u> <del>5</del> 2	1,664
52		yments. Add lines 51a through 51g		1,004
53		ed tax penalty (see instructions) Check if Form 2220 is attached	53	12 (((
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed $\dots \dots \dots \dots$		13,666
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		NON:
56		amount of line 55 you want Credited to 2020 estimated tax NONE Refund		NON:
Par		Statements Regarding Certain Activities and Other Information (see instru		
57		time during the 2019 calendar year, did the organization have an interest in or a signature		
		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	f the foreign country	
	here 🕨			X
58	During 1	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	. X
	If "Yes,"	see instructions for other forms the organization may have to file		1
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
	111	order penalties of perupy I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my knowledge	je and belief, it is
Sigi	n k	e, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge OKF N. TRISTEE		
Her		11/05/2020 VICE PRESIDENT	May the IRS discu with the preparer	
		nature (ce) Date Title	(see instructions)?	Yes No
		Print/Type preparer's name Preparer's signature Date	Charle of PTIN	
Paid			Check if self-employed	
Prep	oarer	Euri's some	Firm's EIN	
Use	Only	Firm's name		
JSA	-	Firm's address	Phone no	990-T (2019)
			1 0////	: (4013)

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B).

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

%

%

%

%

Enter here and on page 1,

Part I, line 7, column (A).

Form 990-T (2019)								<u>620262</u>		_	Page 4	
Schedule F -Interest, Ann	uities, Royaltie							tions (se	e instructi	ons)		
Name of controlled organization	1. Name of controlled 2 Employer		3 Net unrelated income (loss) (see instructions)		ated income	ganizations  4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income		
	<del> </del>							organiza	ion s gross in	come	ın column 5	
(1)								┼				
(3)						_		<del>                                     </del>				
(4)								<del>                                     </del>			,	
Nonexempt Controlled Organia	zations					L		<u> </u>			<del></del>	
7 Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		ntrolling		Deductions directly nected with income in column 10	
(i)												
(2)						_	_				<u> </u>	
(3)			<del> </del> -			<del></del>	<u> </u>					
		_	<u> </u>				Add	columns 5 a	and 10		d columns 6 and 11	
							Enter	here and on line 8, colu	page 1,	Ente	er here and on page 1, t I, line 8, column (B)	
Totals	<u>,,,</u> ,,,,,,	,	<u></u>			▶						
Schedule G-Investment I	ncome of a Sec	tion 5	01(c)(	(7),			nizatior	(see ins	tructions)			
1 Description of income	2 Amount of incom		3 Deduction directly connec (attach schedu		nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)	<del> </del>					<u> </u>	_					
(2)	·				-							
(3)										$\dashv$		
(4)	Enter here and Part I, line 9, c		1,	, , , , , , , , , , , , , , , , , , ,		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 ~ 3 ,	2 3 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Enter here and on page 1, Part I, line 9, column (B).	
Totals ▶				, t . t		3 1 1 1 n	1 1 - 1 112	1,32,437	, , <u>, , , , , , , , , , , , , , , , , </u>	1, 1		
Schedule I - Exploited Exer	mpt Activity Inc	ome, (	Other	Tha	n Adverti	sing In	come (s	see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	di conne prod un	expenses lirectly ected wi duction o irelated ess incor	ith of	4 Net incom from unrelate or business ( 2 minus cold If a gain, co cols 5 thro	ed trade column umn 3) mpute	from ac	s income tivity that inrelated is income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)	-	l									<del>-</del>	
(2)	·											
(3)												
(4)	Enter here and on page 1, Part I,	page	nere and	í,	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , ,	5. 5. 6. 7.	2 L 3 L 3 L 3 L 3 L 3 L 3 L 3 L 3 L 3 L		. ,	Enter here and on page 1,	
Totals ▶	line 10, col (A)	line 1	0, col (E	B)	i i i i i i i i i i i i i i i i i i i	(*)   1	r de la marie de la compansión de la compa La compansión de la compa			1/2 · 1/4	Part II, line 25.	
Schedule J-Advertising Ir	ncome (see instri	uctions)	<del></del>		<u> </u>	-	1 ^ 1		·	, ,		
Part I Income From Per				rsoli	dated Bas	is			•			
	•										7 Excess readership	
1 Name of periodical	2 Gross advertising income		Direct tising cos	sts	4 Adverting gain or (lossed a gain, concols, 5 thro	s) (col l. 3) If npute		culation ome	6 Reade		costs (column 6 minus column 5, but not more than column 4)	
(1)					1 3 mg 1 1 1 1	, p. 1 *					Panis Agents and and	
(2)					1 1 1 1 1						, 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(3)					3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1				ļ		11 1 2 2 2 2 1 1 1 2 2 2 2 2 2 2 2 2 2	
(4)					The state of the s						1 1,2 2, 2, 3, 3, m, 4, 3	
Totals (carry to Part II, line (5))					-			<u>. –</u>			Form <b>990-T</b> (2019)	
											- Julii 4 4 4 4 - 1 (2019)	

Fart 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			~131 m11 12 1 1 1 1 1 1	, ,, , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Enter here and on page 1, Part I, 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 26
Totals, Part II (lines 1-5)			1= 3 1 1 1 3 1 2 2 3 4 3 4 1 1 1		13. 1 . 1. 1. 1	

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

1 Name

2 Title

3 Percent of time devoted to
4

1 Name	2 Title	time devoted to business	unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2019)

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

AMERICAN PRIVATE EQUITY PARTNERS II LP CHAPMAN PRIVATE EQUITY LLC

-155. 47,026.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS

46,871. ===========

STATEMENT 2

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

7. CARRYOVER LOSS		11 10 10 10 10 10 11 11
6. CURRENT YEAR LOSS		
5. NET UBTI	46,871.	                
4. ALLOWABLE LOSS		
3. CURRENT YEAR UBTI	46,871.	## ## ## ## ## ## ## ## ## ## ## ## ##
2. PRIOR YEAR LOSS		II II II II II II II
1. ACTIVITY DESCRIPTION	INCOME (LOSS) FROM PARTNERSHIPS COLUMN TOTALS	

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FORM 990T - TAX DEPOSITED WITH EXTENSION 

TAX DEPOSITED WITH FORM 8868 ..... 1,424.

TOTAL TAX DEPOSITS MADE 1,424.