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Exempt Organization Business Income Tax Return 990-T (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning_ , 2018, and ending ► Go to www irs.gov/Form9907for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Check box if name changed and see instructions) Check hox if Name of organization (address changed B Exempt under section WALTER, PAULINE M MEMORIAL TRUST 486005A **Print** 501(C)63 Number, street, and room or suite no. If a P.O. box, see instructions 73-6202627 or Unrelated business activity code 408(e) 220(e) Type CA (See instructions) P.O. BOX_1620 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529<u>(a</u>) ENVELOPE POSTMARK DATE NOV C Book value of all assets TULSA, OK 74101-1620 at end of year Group exemption number (See instructions.) 501(c) corporation G Check organization type 501(c) trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here INCOME (LOSS) FROM PARTNERSHIPS . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number ▶ 918 The books are in care of ▶ BOKF, N.A. (B) Expenses Part I Unrelated Trade or Business Income (A) Income (C) Net 1a Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 8 Interest, annuaties, royalties, and rents from a controlled organization (Schedule F Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) OGDEN. 11 11 12 12 Other income (See instructions, attach schedule) 9,451 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 15 16 17 17 18 18 19 20 Charitable contributions (See instructions for limitation rules) . . . 20 Depreciation (attach Form 4562)...... 21 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 24 Contributions to deferred compensation plans 25 26 26 27 Excess readership costs (Schedule J)....... 28 29 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 **对新国际的联系工程的** Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . Unrelated business taxable income. Subtract line 31 from line 30 9.451 For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018)

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Form :	990-T (20	<u> </u>						Page 2	
Part	: 111	Total Unrelated Business Taxable	Income						
33		f unrelated business taxable income com		es or businesses (s	see				
		ons)				33		9,451	
34		s paid for disallowed fringes				34			
35		on for net operating loss arising in t							
33		ons), , ,				35		6,058	
								0,030	
36		f unrelated business taxable income before 33 and 34	•			36		3,393	
									
37		deduction (Generally \$1,000, but see line 37 in				37		1,000	
38		ed business taxable income. Subtract line						0 202	
		e smaller of zero or line 36			• •	38		2,393	
Part	t IV	Tax Computation			-				
39	Organiz	ations Taxable as Corporations. Multiply line 3				39			
40	Trusts		tructions for tax computatio	n. Income tax	on	الثلثة			
	the amo	unt on line 38 from X Tax rate schedule or	Schedule D (Form 1041)		.▶	40		<u>239</u>	
41	Proxy ta	x. See instructions			.▶	41			
42	Alternat	ve minimum tax (trusts only)- · · · · · · · ·				42			
43	Tax on	Noncompliant Facility Income. See instructions				43			
44		dd lines 41, 42, and 43 to line 39 or 40, whiche						239	
Par	t V	Tax and Payments							
		tax credit (corporations attach Form 1118, trust	s attach Form 1116) 45	a		1, 1			
		edits (see instructions)							
		business credit Attach Form 3800 (see instruct							
q	Credit fo	or prior year minimum tax (attach Form 8801 or	8827) 45	d					
<u>.</u>	Total cr	edits. Add lines 45a through 45d			. .	45e	_		
46		line 45e from line 44				46		239	
47		es Check if from Form 4255 Form 8611							
48		x. Add lines 46 and 47 (see instructions)						239	
49		et 965 tax liability paid from Form 965-A or Forr							
		ts A 2017 overpayment credited to 2018				हें किया			
b		stimated tax payments		ы					
	ZOIO E	osited with Form 8868 · · · · · · · · · · · ·	STMT 3 50	6.1	500				
c d		organizations Tax paid or withheld at source (s				'as ' as" a			
		withholding (see instructions) · · · · · · ·							
e f		or small employer health insurance premiums (a				12, 3,			
		1 1	139						
g			Total ▶ 50	00		, and			
51		orm 4136 Other _ yments. Add lines 50a through 50g				51		6,500	
					Ė	52		0/300	
52		ed tax penalty (see instructions) Check if Form 2			_	53		NON	
53		e. If line 51 is less than the total of lines 48, 49, yment. If line 51 is larger than the total of lines						6,261	
54				240 . Refunded				6,021	
55		amount of line 54 you want Credited to 2019 esti						0,021	
Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No									
56		financial account (bank, securities, or oth						P. S. Mary Chara	
		Form 114, Report of Foreign Bank and							
		Form 114, Report of Foreign Bank and	rinanciai Accounts. II res, e	enter the hame of	uie	loreign (Journary	X	
	here >								
57		the tax year, did the organization receive a dist		of, or transferor to, a	tore	gn trust?.		in that a second of the	
		see instructions for other forms the organization							
<u>58</u>		e amount of tax-exempt interest received or acc		les and statements and to	the l	hast of my l		PL 1 725 1 7 21 17 18	
٠.	tr	nder penalties of perjury, I declare that I have examined us, correct, and complete Declaration of preparer (other than to	uns return, including accompanying schedu expayer) is based on all information of which p	reparer has any knowledge	e I	rear or my l	vwieage	and Delief, It IS	
Sig	n 📐 E	OKE, N.A., TRUSTEE				-		s this return	
Her	1 7			PRESIDENT				shown below	
		gnatul	Date Title	18	(se	e instructions	_ .	Yes No	
Paic	4	Print/Type preparer's name	Preparer's signature	Date	Chec		PTIN		
	a parer			L	self-e	employed	<u> </u>		
	Only	Firm's name			Fırm'	s EIN ►			
		Firm's address			Phon	e no.	•		
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44. -

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B).

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

Schedule F-Interest, Ann	uities, Royalties	s, and R	ents Fro	om Contro	lled Or	ganizat	i ons (see	instructio	ns)		
		Ex	empt Co	ntrolled Org	anızatio	ns					
1 Name of controlled organization	identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		lling	6 Deductions directly connected with income in column 5	
(1)											
(2)	-						<u> </u>			-	
(3)											
(4)				·							
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific		ınclud	t of column ed in the cor ation's gross	trolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
	ncome of a Sec	 tion 50	1(c)(7)	 (9), or (17	▶	Enter Part	columns 5 a here and on line 8, colu	page 1, mn (A).	Ente	d columns 6 and 11. er here and on page 1, t I, line 8, column (B)	
1 Description of income	1 Description of income 2 Amount of income		3 Deductions		4 Set-asides (attach schedule)		t-asides	5 Total deductions and set-asides (col. 3 plus col. 4)			
(1)											
(2)											
(3)				·	*_						
(4)										<u></u>	
Totals	Enter here and Part I, line 9, c	olumn (A)	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	13 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 9, column (B)	
Schedule I - Exploited Exe	mpt Activity Inc	come, C	ther Th	an Advert	ising Ir	come (:	see instru	ctions)			
Description of exploited activity	of exploited activity business income connected with production of unit of business (column 2) from production of unit of business (column 3) is n		from ac	Gross income 6. Export of the column of the		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)		_						 		· · · · · ·	
(2)	 			 				†		<u> </u>	
(3)	 			1							
(4)				 							
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising I	ncome (see instr	uctions)	-							-	
Part I Income From Pe			Conso	lidated Ba	sis						
			•							7 France was dozah in	
1 Name of periodical	2 Gross · advertising income		Direct sing costs	2		l .	culation 6 Reado		-	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)	<u> </u>			1 1 1 d + 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 1 1 1 1 1 1 1 1 1			-		31 31 33 31 35 5 11 35 5 34 1 7 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(2)		<u> </u>									
(3)	<u> </u>	1									
(4)					以中, 是						
Totals (carry to Part II, line (5))					8_						

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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 ▶ 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).				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)		%	
1)		%	
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

7,072. 2,379.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS

9,451.

STATEMENT 2

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

7. CARRYOVER LOSS		# # # # # # # # # # # #
6. CURRENT YEAR LOSS		
5. NET UBTI =======	9,451.	H H H H H H H H H H H H H H H H H H H
4. ALLOWABLE LOSS		
3. CURRENT YEAR UBTI	9,451.	11 14 18 18 18 18 18 18 18
2. PRIOR YEAR LOSS	87	## ## ## ## ## ## ## ## ## ## ## ## ##
1. ACTIVITY DESCRIPTION	INCOME (LOSS) FROM PARTWERSHIPS COLUMN TOTALS	

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FORM 990T - TAX DEPOSITED WITH EXTENSION

TAX DEPOSITED WITH FORM 8868 6,500.

TOTAL TAX DEPOSITS MADE

6,500.