



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2011

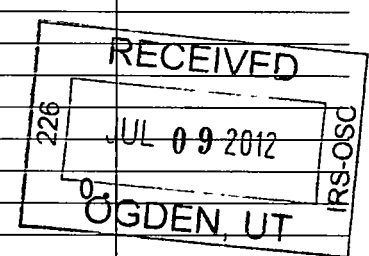
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning

, and ending

Name of foundation THE NANCY TAYLOR FOUNDATION FOR CHRONIC DISEASES INC.		A Employer identification number 26-2343375
Number and street (or P.O. box number if mail is not delivered to street address) 2448 E. 81ST STREET	Room/suite 3711	B Telephone number (918) 392-9968
City or town, state, and ZIP code TULSA, OK 74137		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> Foreign organizations meeting the 85% test, 2. check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 6,691,833.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		747,395.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		12.			STATEMENT 1
4 Dividends and interest from securities		122,923.	122,923.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		1,479,571.			
b Gross sales price for all assets on line 6a		1,508,523.			
c Capital gain net income (from Part IV, line 2)			1,479,571.		
7 Net short-term capital gain					
8 Income modifications					
a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
9 Other income					
10 Total. Add lines 1 through 11		2,349,901.	1,602,494.	0.	
13 Compensation of officers, directors, trustees, etc.		90,000.	4,500.	0.	85,500.
14 Other employee salaries and wages					
15 Pension plans, employee benefits		18,466.	923.	0.	17,543.
16a Legal fees STMT 2		45.	2.	0.	43.
b Accounting fees STMT 3		5,100.	2,550.	0.	2,550.
c Other professional fees STMT 4		55,950.	54,153.	0.	1,797.
17 Interest					
18 Taxes STMT 5		41,827.	276.	0.	5,246.
19 Depreciation and depletion		415.	21.	0.	
20 Occupancy		6,399.	320.	0.	6,079.
21 Travel, conferences, and meetings		10,329.	516.	0.	9,813.
22 Printing and publications		1,068.	53.	0.	1,015.
23 Other expenses STMT 6		9,051.	509.	0.	8,542.
24 Total operating and administrative expenses. Add lines 13 through 23		238,650.	63,823.	0.	138,128.
25 Contributions, gifts, grants paid		884,896.			884,896.
26 Total expenses and disbursements. Add lines 24 and 25		1,123,546.	63,823.	0.	1,023,024.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		1,226,355.			
b Net investment income (if negative, enter -0-)			1,538,671.		
c Adjusted net income (if negative, enter -0-)				0.	



618 5

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375

Page 2

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	156,763.	87,690.	87,690.
	2 Savings and temporary cash investments	135,805.	59,002.	59,002.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 9	1,510,884.	1,508,681.	1,505,100.
	b Investments - corporate stock STMT 10	2,693,843.	3,398,255.	4,420,453.
	c Investments - corporate bonds STMT 11	608,926.	602,947.	618,303.
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
Liabilities	14 Land, buildings, and equipment: basis ▶ 2,378. Less accumulated depreciation STMT 8 ▶ 1,093.	1,700.	1,285.	1,285.
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	5,107,921.	5,657,860.	6,691,833.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	5,107,921.	5,657,860.	
30 Total net assets or fund balances		5,107,921.	5,657,860.	
31 Total liabilities and net assets/fund balances		5,107,921.	5,657,860.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,107,921.
2 Enter amount from Part I, line 27a	2	1,226,355.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	6,334,276.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 7	5	676,416.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,657,860.

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

26-2343375

Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENT			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 1,508,523.		28,952.	1,479,571.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			1,479,571.

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	1,479,571.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	0.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	683,958.	6,269,014.	.109101
2009	445,409.	2,196,189.	.202810
2008	0.	2,437.	.000000
2007			
2006			

2 Total of line 1, column (d)	2	.311911
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.103970
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	6,790,895.
5 Multiply line 4 by line 3	5	706,049.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	15,387.
7 Add lines 5 and 6	7	721,436.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	1,023,024.

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375 Page 4

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	15,387.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3 Add lines 1 and 2	3	15,387.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	15,387.
6 Credits/Payments:		
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	24,280.
b Exempt foreign organizations - tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	220.
7 Total credits and payments. Add lines 6a through 6d	7	24,500.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	9,113.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> OK			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	

N/A

STMT 12

Form 990-PF (2011)

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375

Page 5

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	X	
14 The books are in care of ▶ EDWARD L. TAYLOR, IV Telephone no. ▶ (918) 392-9968 Located at ▶ 2448 E. 81ST STREET, SUITE 3711, TULSA, OK ZIP+4 ▶ 74137			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	0.
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b		X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ▶		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Form 990-PF (2011)

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375

Page 6

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		90,000.	18,466.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2011)

Form 990-PF (2011)

Page 7

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

[illegible]

Total number of others receiving over \$50,000 for professional services

0

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	N/A
---	-----

2

3

4

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A
---	-----

2

All other program-related investments. See instructions.

3

Total. Add lines 1 through 3

0.

123561
12-02-11

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	6,742,281.
b	Average of monthly cash balances	1b	152,029.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,894,310.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,894,310.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	103,415.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,790,895.
6	Minimum investment return. Enter 5% of line 5	6	339,545.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	339,545.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	15,387.
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	15,387.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	324,158.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	324,158.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	324,158.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,023,024.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,023,024.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	15,387.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,007,637.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2011)

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375 Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				324,158.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009	360,600.			
e From 2010	419,055.			
f Total of lines 3a through e	779,655.			
4 Qualifying distributions for 2011 from Part XII, line 4: ▶ \$ 1,023,024.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount				324,158.
e Remaining amount distributed out of corpus	698,866.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,478,521.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,478,521.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009	360,600.			
d Excess from 2010	419,055.			
e Excess from 2011	698,866.			

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375

Page 10

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

06/04/08

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year

Prior 3 years

(a) 2011

(b) 2010

(c) 2009

(d) 2008

(e) Total

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test - enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 14

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Form 990-PF (2011)

26-2343375 Page 11

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution **</div>	<div>Amount</div>
a Paid during the year				
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST. STE 100 ATLANTA, GA 30309	NONE	EXEMPT	A NEW MOUSE MODEL OF MACROPHAGE ACTIVATION SYNDROME: KEYS TO PATHOGENESIS, EDWARD M. BEHRENS, M.D.	100,000.
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST. STE 100 ATLANTA, GA 30309	NONE	EXEMPT	PROGNOSTIC SYNOVIAL BIOMARKERS IN JUVENILE IDIOPATHIC ARTHRITIS, ANNEMARIE BRESCIA, M.D.	100,000.
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST. STE 100 ATLANTA, GA 30309	NONE	EXEMPT	CD4+FOXP3+ REGULATORY T CELL ANALYSIS BY ANATOMICAL LOCATION, SCOTT M. LIEBERMAN, M.D. PH.D.	50,000.
UNIVERSITY OF PITTSBURG DEPT PEDIATRICS 4401 PENN AVENUE, ROOM 5304-AOB PITTSBURG, PA 15224	NONE	EXEMPT	SERUM CYTOKINE PROFILES IN LOCALIZED SCLERODERMA BY KATHRYN TOROK, M.D.	125,000.
UNIVERSITY OF PITTSBURGH 4401 PENN AVENUE, ROOM 5304-AOB PITTSBURG, PA 15224	NONE	EXEMPT	MALADAPTIVE DOUBLE NEGATIVE T CELLS IN JUVENILE IDIOPATHIC ARTHRITIS BY ABBE N. DE VALLEJO, PH D	162,000.
Total			SEE CONTINUATION SHEET(S)	884,896.
b Approved for future payment				
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	NONE	EXEMPT	PET IMAGING TO DETERMINE EFFECT OF INTERFERON GAMMA CAUSING DEPRESSION AND ITS EFFECTS ON THE	109,020.
Total				109,020.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments				14	12.	
4 Dividends and interest from securities				14	122,923.	
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory				18	1,479,571.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)			0.		1,602,506.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13	1,602,506.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Form 990-PF (2011)

Page 13

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | X |
| 1a(2) | | X |
| 1b(1) | | X |
| 1b(2) | | X |
| 1b(3) | | X |
| 1b(4) | | X |
| 1b(5) | | X |
| 1b(6) | | X |
| 1c | | X |

[illegible]

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

☒ Yes ☐ No

Title

PTIN

P00038416

Firm's EIN ▶ 73-1293433

Phone no. **918-628-0500**

123622
12-02-11

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.

Employer identification number

26-2343375

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

Employer identification number

26-2343375

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>EDWARD L. TAYLOR III</u> <u>8018 SOUTH MARION ST.</u> <u>TULSA, OK 74136</u>	\$ <u>747,395.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.

Employer identification number

26-2343375

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF	TAXES	STATEMENT	5
-------------	-------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAX	5,522.	276.	0.	5,246.
FED EXCISE TAX 2010	11,716.	0.	0.	0.
	309.	0.	0.	0.
FED EXCISE TAX EST PAYMENTS 2011	24,280.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	41,827.	276.	0.	5,246.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
-------------	----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	60.	60.	0.	0.
SUPPLIES	1,090.	54.	0.	1,036.
INSURANCE	3,088.	154.	0.	2,934.
WORKER'S COMPENSATION INSURANCE	598.	30.	0.	568.
TELEPHONE	996.	50.	0.	946.
POSTAGE	524.	26.	0.	498.
ASSOC OF SMALL FOUNDATIONS	895.	45.	0.	850.
OTHER EXPENSE	1,800.	90.	0.	1,710.
TO FORM 990-PF, PG 1, LN 23	9,051.	509.	0.	8,542.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
-------------	--	-----------	---

DESCRIPTION	AMOUNT
FMV OF CONTRIBUTED STOCK LESS TAX BASIS IN CONTRIBUTED STOCK	676,416.
TOTAL TO FORM 990-PF, PART III, LINE 5	676,416.

THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.

CONTINUATION FOR 990-PF, PART IV
26-2343375 PAGE 1 OF 1

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	2000 DIRECT TV CLASS A	D	01/01/81	02/23/11
b	2258 LIBERTY GLOBAL INC SER A	D	01/01/81	03/22/11
c	742 LIBERTY GLOBAL INC SER A	D	03/19/91	03/22/11
d	10,000 COMCAST CORP CL A	D	01/01/81	03/24/11
e	10,000 COMCAST CORP CL A	D	01/01/81	04/28/11
f	7500 COMCAST CORP CL A	D	01/01/81	06/21/11
g	1910 LIBERTY MEDIA HLDG CAPTIAL SER A	D	03/19/91	06/21/11
h	4999 DIRECT TV CLASS A	D	01/01/81	08/24/11
i	1 DIRECT TV CLASS A	D	03/19/91	08/24/11
j	2500 DIRECT TV CLASS A	D	03/19/91	11/16/11
k	1500 LIBERTY MEDIA CORP LIBERTY CAPITAL A	D	03/19/91	11/16/11
l	10,000 SYNTROLEUM COPR	D	06/27/07	11/16/11
m	0.29 LIBERTY MEDIA CORP LIBERTY CAPITAL A	D	03/19/91	12/02/11
n	1 BABSON CAPITAL PARTICIPATION INV	P	12/30/10	12/31/11
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 91,990.			91,990.
b 92,963.			92,963.
c 30,548.			30,548.
d 242,687.			242,687.
e 261,542.			261,542.
f 178,114.			178,114.
g 148,014.			148,014.
h 213,865.			213,865.
i 43.			43.
j 116,340.			116,340.
k 121,175.			121,175.
l 10,592.		28,952.	-18,360.
m 22.			22.
n 628.			628.
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			91,990.
b			92,963.
c			30,548.
d			242,687.
e			261,542.
f			178,114.
g			148,014.
h			213,865.
i			43.
j			116,340.
k			121,175.
l			-18,360.
m			22.
n			628.
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	1,479,571.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	0.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	MACHINERY & EQUIPMENT COPIER	01/25/09	SL	5.00		16	752.				752.	288.		150.	438.
13	NETBOOK COMPUTER * 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT	05/17/09	SL	5.00		16	1,032.				1,032.	326.		206.	532.
	OTHER						1,784.				1,784.	614.		356.	970.
12	OFFICE FURNITURE	12/10/09	SL	10.00		16	594.				594.	64.		59.	123.
	* 990-PF PG 1 TOTAL OTHER						594.				594.	64.		59.	123.
	* GRAND TOTAL 990-PF PG 1 DEPR						2,378.				2,378.	678.		415.	1,093.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
FIDELITY	12.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	12.

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	45.	2.	0.	43.
TO FM 990-PF, PG 1, LN 16A	45.	2.	0.	43.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	5,100.	2,550.	0.	2,550.
TO FORM 990-PF, PG 1, LN 16B	5,100.	2,550.	0.	2,550.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TSP & FIDELITY	54,058.	54,058.	0.	0.
PAYCHEX	1,892.	95.	0.	1,797.
TO FORM 990-PF, PG 1, LN 16C	55,950.	54,153.	0.	1,797.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
COPIER	752.	438.	314.	314.
OFFICE FURNITURE	594.	123.	471.	471.
NETBOOK COMPUTER	1,032.	532.	500.	500.
TO 990-PF, PART II, LN 14	2,378.	1,093.	1,285.	1,285.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTES	X		1,508,681.	1,505,100.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,508,681.	1,505,100.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,508,681.	1,505,100.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS	3,398,255.	4,420,453.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,398,255.	4,420,453.

FORM 990-PF CORPORATE BONDS STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	602,947.	618,303.
TOTAL TO FORM 990-PF, PART II, LINE 10C	602,947.	618,303.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 12
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR	ADDRESS
EDWARD L. TAYLOR III	8018 SOUTH MARION ST. TULSA, OK 74136

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 13
-------------	---	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EDWARD L. TAYLOR IV 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 40.00	90,000.	18,466.	0.
SUZANNE TAYLOR 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 0.00	0.	0.	0.
SELMAN KREMER 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 0.00	0.	0.	0.
STEPHEN J. TAYLOR 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 0.00	0.	0.	0.
REBECCA KEEGAN DIXON 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 0.00	0.	0.	0.
DR. HARVEY RUBEN 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	90,000.	18,466.	0.
--	---------	---------	----

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EDWARD L. TAYLOR, M.D. THE NANCY TAYLOR FDN FOR CHRONIC DISEASE
2448 E 81ST STREET #3711
TULSA, OK 74137

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

918-392-9968

RESEARCH REGARDING CHRONIC DISEASES

FORM AND CONTENT OF APPLICATIONS

RESEARCHERS IN UNIVERSITY AND INDEPENDENT RESEARCH LABS WILL SUBMIT GRANT
PROPOSALS FOR FUNDING TO THE FOUNDATION

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

PERIODIC UPDATES ON THE STATUS OF RESEARCH THAT IS FUNDED WILL BE PROVIDED
TO THE FOUNDATION

NATIONAL FINANCIAL SERVICES LLC
161 DEVONSHIRE STREET
BOSTON MA 02110

4510 000307 07

NANCY TAYLOR FOUN CHRONIC DISE
2448 E 81ST ST STE 3711
TULSA OK 741374250

Name, address, and ZIP code of RIC or REIT NATIONAL FINANCIAL SERVICES LLC 161 DEVONSHIRE STREET BOSTON MA 02110 Nominee For Babson Capital Participation Investors		OMB No 1545-0145 2011 Form 2439		Notice to Shareholder of Undistributed Long-Term Capital Gains For calendar year 2011, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning Jan 01 , 2011, and ending Dec 31 , 2011	
Identification number of RIC or REIT 04-3523567					
Shareholder's identifying number 262-34-3375		1a Total undistributed long-term capital gains 627 75		Copy B Attach to the shareholder's income tax return for the tax year that includes the last day of the RIC's or REIT's tax year	
Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE 2448 E 81ST ST STE 3711 TULSA OK 741374250 A/C 636629065		1b Unrecaptured section 1250 gain 0 00			
		1c Section 1202 gain 0 00	1d Collectibles (28%) gain 0 00		
		2 Tax paid by the RIC or REIT on the box 1a gains 219 75			

Form **2439**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

Name, address, and ZIP code of RIC or REIT NATIONAL FINANCIAL SERVICES LLC 161 DEVONSHIRE STREET BOSTON MA 02110 Nominee For Babson Capital Participation Investors		OMB No 1545-0145 2011 Form 2439		Notice to Shareholder of Undistributed Long-Term Capital Gains For calendar year 2011, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning Jan 01 , 2011, and ending Dec 31 , 2011	
Identification number of RIC or REIT 04-3523567					
Shareholder's identifying number 262-34-3375		1a Total undistributed long-term capital gains 627 75		Copy C For shareholder's records	
Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE 2448 E 81ST ST STE 3711 TULSA OK 741374250 A/C 636629065		1b Unrecaptured section 1250 gain 0 00			
		1c Section 1202 gain 0 00	1d Collectibles (28%) gain 0 00		
		2 Tax paid by the RIC or REIT on the box 1a gains 219 75			

Form **2439**

03/16/2012 4510 000307

Department of the Treasury - Internal Revenue Service

**THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.**

26-2343375

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	NONE	EXEMPT	PROOF-OF PRINCIPAL OF NOVEL PHARMACOTHERAPIES FOR NEUROPATHIC PAIN: PRODUCTION OF GENE	112,896.
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	NONE	EXEMPT	DISCOVERING GENETIC VARIATIONS IN HUMAN INFLAMMATORY DISEASES USING HIGH THROUGHPUT ROBOTIC PLATFORMS,	115,000.
WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48201	NONE	EXEMPT	LINKING GENOMIC INSTABILITY TO CHRONIC FATIGUE AND IMMUNE DYSFUNCTION SYNDROME, HENRY HENG, PH, D	120,000.
Total from continuation sheets				347,896.

THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.

26-2343375

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - YALE UNIVERSITY

PROOF-OF PRINCIPAL OF NOVEL PHARMACOTHERAPIES FOR NEUROPATHIC PAIN:

PRODUCTION OF GENE SILENCING MOLECULES FOR STUDIES ON PAIN, STEPHEN

WAXMAN, M.D. PH. D.

NAME OF RECIPIENT - YALE UNIVERSITY

DISCOVERING GENETIC VARIATIONS IN HUMAN INFLAMMATORY DISEASES USING

HIGH THROUGHPUT ROBOTIC PLATFORMS, DAVID HALFER, M.D.

THE NANCY TAYLOR FOUNDATION
FOR CHRONIC DISEASES INC.

26-2343375

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - YALE UNIVERSITY

PET IMAGING TO DETERMINE EFFECT OF INTERFERON GAMMA CAUSING DEPRESSION

AND ITS EFFECTS ON THE GLUTAMATE RECEPTOR SUBTYPE 5, JONAS O.

HANNESTAD, M.D., PH. D

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE NANCY TAYLOR FOUNDATION FOR CHRONIC DISEASES INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-2343375
	Number, street, and room or suite no. If a P.O. box, see instructions. 2448 E. 81ST STREET, NO. 3711	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74137	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

EDWARD L. TAYLOR, IV

- The books are in the care of ► **2448 E. 81ST STREET, SUITE 3711 - TULSA, OK 74137**
Telephone No. ► **(918) 392-9968** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year **2011** or
► ☐ tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	15,387.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	24,500.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)