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Form **990-PF**Department of the Treasury Internal Revenue Service

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

Treated as a Private Foundation

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

OMB No 1545-0052 **2012**pen to public Inspection

For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number THE NANCY TAYLOR FOUNDATION FOR CHRONIC DISEASES INC. 26-2343375 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 3711 2448 E. 81ST STREET (918) 392-9968 City or town, state, and ZIP code C If exemption application is pending, check here TULSA, OK 74137 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation. Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 7,988,871. (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and Expenses (a) Revenue and expenses per books (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) ілсоте income Contributions, gifts, grants, etc., received 1,007,515. 2 Check In the foundation is not required to attach Sch B Interest on savings and temporary cash investments 64 STATEMENT 127,376. 127,376 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 1,061,411 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,814,906. 1,061,411. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 0. Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 2,196,366. 12 Total. Add lines 1 through 11 1,188,787 0 90,000. 4,500. 0. 85,500. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 20,979 1,049. 0. 19,930. 16a Legal fees 405 20. 2 0. STMT 385. 3 6,505. b Accounting fees STMT 3,253. 0. 3,253. c Other professional fees STMT 4 81,455. 59,657. 21,798. 0. Administrative 17 Interest RECEIVEDAT 18 Taxes 5 11,413 295 0 4,831. 19 Depreciation and depletion 415. 21. 0. Occupancy 6,673. 20 334. 0. MAY 2 1 2013 6,339. 6,187. 5,878. 309. Travel, conferences, and meetings 0. 22 Printing and publication DEN 23 Other expenses
24 Total operating and administrative expenses Add lines 13 through 23
25 Contains 1,276 64. 0 1,212. 7,908. 462 0. 7,447. 233,216. 69,964 0. <u>156,573.</u> 25 Contributions, gifts, grants paid 909,559. 909,559. 26 Total expenses and disbursements 1,066,132. Add lines 24 and 25 1,142,775 69,964 0 Subtract line 26 from line 12: 1,053,591 a Excess of revenue over expenses and disbursements 1,118,823. b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-)

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Page 2

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	87,690.		53,883.
	2	Savings and temporary cash investments	59,002.	876,506.	876,506.
	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations STMT 9	1,508,681.		
	b	Investments - corporate stock STMT 10		3,954,841.	
	C	Investments - corporate bonds STMT 11	602,947.	598,462.	609,622.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 2,378.			
		Less accumulated depreciation STMT 8  1,508.	1,285.	870.	<u>870.</u>
	15	Other assets (describe >)			- · · · · · · · · · · · · · · · · · · ·
	16	Total assets (to be completed by all filers)	<u>5,657,860.</u>	5,985,465.	<u>7,988,871.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue		<u> </u>	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		T . 10 . 100 . (add) 47 th 1. 000	0	0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31			
ĕ	24	Unrestricted Tages apply applying to			
ala	25	Temporarily restricted			
g B	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Fund Balance		•			
ō	27	and complete lines 27 through 31.	0.	0.	
Net Assets		Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ASS	29	Retained earnings, accumulated income, endowment, or other funds	5,657,860.	5,985,465.	
et/	30	Total net assets or fund balances	5,657,860.	5,985,465.	
Z	"	Total liet assets of fully balances	3,031,000.	3,303,403.	
	31	Total liabilities and net assets/fund balances	5,657,860.	5,985,465.	
	art			0/300/2007	
	arı	Analysis of changes in Net Assets of Fand B			
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	st agree with end-of-year figure reported on prior year's return)		1	5,657,860.
		amount from Part I, line 27a		2	1,053,591.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	6,711,451.
		eases not included in line 2 (itemize)		ATEMENT 7 5	725,986.
<u>6</u> _	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	5,985,465.
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L		nd Losses for Tax on I		t Income	1/53.1	law accured				
	(a) List and describ 2-story brick ware	e the kind(s) of property sold (e. house; or common stock, 200 sh	g., real estate, as MLC Co )		(0)	low acquired - Purchase	(c) Date a (mo., d	acquired av. vr.)		te sold lay, yr.)
1				<del>-</del>	ט	- Donation				
_		STATEMENTS								
_'										
_										
_		(f) Depreciation allowed	(a) Cos	st or other basis	<u> </u>		(h) G:	aın or (loss)		
	(e) Gross sales price	(or allowable)		expense of sale				(f) minus (		
							-			
_			<del> </del>	-						
			<del> </del>					<del></del>	<del></del>	<del></del>
	0 044 005			1,753,49	5.				1,061	,411.
_	Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus	
_	(ı) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any		C	òl. (k), but r Losses	ot less thar (from col. (l		
				<del></del>						
_!									<del></del>	
_										
_									1,061	,411.
2	Capital gain net income or (net capit	tal loss) { If gain, also enter-tal loss), enter-tal			}	2			1,061	,411.
3	Net short-term capital gain or (loss)		ınd (6):							
	If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	olumn (c).			}	3				0.
F		der Section 4940(e) fo	r Reduced	Tax on Net	Inv		come	_		
(F	or optional use by domestic private fo	oundations subject to the section	4940(a) tax on	net investment in	come	.)				
lf	section 4940(d)(2) applies, leave this	part blank.								
	as the foundation liable for the sectio		mount of any v	oar in the bace per	Char					X No
	"Yes," the foundation does not qualify			•	iou ·					LAL NO
	Enter the appropriate amount in each				ntries					
	(a) Base period years	(b) Adjusted qualifying dis	etributione	Net value of no	(c)	itable-use asset		Distrib	(d) ution ratio	
_	Calendar year (or tax year beginning 2011	<del>"",</del>	07,637.	Net value of 110		,790,89		(col. (b) div		48381
_	2010		33,958.			,269,01				09101
_	2009		45,409.		2	,196,18	9.			02810
_	2008		0.	_		2,43	7.		.0	<u>00000</u>
_	2007					-	-			
2	Total of line 1, column (d)						2		. 4	60292
	Average distribution ratio for the 5-y	year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars				
	the foundation has been in existence	e if less than 5 years					3		.1	<u> 15073</u>
4	Enter the net value of noncharitable	-use assets for 2012 from Part X,	, line 5				4	•	7,703	,068.
5	Multiply line 4 by line 3						5		886	,415.
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6		11	,188.
7	Add lines 5 and 6						7		897	,603.
8	Enter qualifying distributions from F	•					8		1,066	,132.
	If line 8 is equal to or greater than lii See the Part VI instructions.	ne 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	g a 19	% tax rate.				
_										

THE NANCY TAYLOR FOUNDATION Form 990-PF (2012) CHRONIC DISEASES INC. 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 \( \bigs \) 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 \( \bigvee \text{\text{X}} \) and enter 1% 11,188. of Part I, line 27b 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-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 188. Credits/Payments: 15,400. a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 675 d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 16,075. Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 4.887 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 4.887. Refunded 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 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 Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? Х 1b 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 c Did the foundation file Form 1120-POL for this year? X 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 • (2) On foundation managers. ► \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities 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 b If "Yes." has it filed a tax return on Form 990-T for this year? N/A 4h X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes." attach the statement required by General Instruction T 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? Х 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

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Form 990-PF (2012) CHRONIC DISEASES INC. 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 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address N/A The books are in care of **EDWARD L**. TAYLOR. Telephone no.  $\triangleright$  (918) 392-9968 IV Located at ▶ 2448 E. 81ST STREET, SUITE 3711 OK ZIP+4 ▶74137 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 N/A Yes No 16 At any time during calendar year 2012, 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? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies, 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🗶 No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2012? 1c 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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If "Yes," list the years 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 N/A statement - see instructions.) 2b 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? b If "Yes," did it have excess business holdings in 2012 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2012) 3b Х 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2012?

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or			
the prevention of cruelty to children or animals?	or denound nur per pooles, or		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described		.3 (22) 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii negalations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inod		
expenditure responsibility for the grant?		1/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494		1/A1 te	s L NO	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		<b>□</b>	
,		Y6	s X No	.     77
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.		<del></del>	[]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<i>/</i>	
List all officers, directors, trustees, foundation managers and their				
List all officers, unectors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evpoppo
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
DD CMARDARY 12		00 000	00 000	•
EE STATEMENT 13		90,000.	20,979.	0.
	<del></del>			
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4.5
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
	devoted to position	(o) componication	and deferred compensation	allowances
NONE				

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

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Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		<u>-</u>
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
TSP CAPITAL MANAGEMENT GROUP LLC		
382 SPRINGFIELD AVE, SUMMIT, NJ 07901	INVESTMENT MGT	58,510.
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the	Expenses
	s produced, etc.	
1N/A		
2		
		· ·
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
		·
2		
All other program-related investments. See instructions.		-
3		

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Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 <u>7,6</u>37,927. Average of monthly cash balances 182,447. 1b c Fair market value of all other assets 1c d Total (add lines 1a, b, and c) 7,820,374. 1d Reduction claimed for blockage or other factors reported on lines 1a and 1<u>e</u>\_ 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 7,820,374. 3 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) <u>117,306.</u> 4 7,703,068. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 385,153. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 

and do not complete this part.) Minimum investment return from Part X, line 6 385,153. Tax on investment income for 2012 from Part VI, line 5 11,188. Income tax for 2012. (This does not include the tax from Part VI.) Add lines 2a and 2b 11,188. 2c 373,965. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 965. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 373,965. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 1,066,132. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 1,066,132. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 11,188. Adjusted qualifying distributions. Subtract line 5 from line 4 6 054,944.

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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part XI, line 7				272 065
•	<del></del>			373,965.
2 Undistributed income, if any, as of the end of 2012			•	
a Enter amount for 2011 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2012:		0.		
<b>a</b> From 2007				
<b>b</b> From 2008				
c From 2009 360,600.			•	
d From 2010 419,055.				
e From 2011 698,866.				
f Total of lines 3a through e	1,478,521.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$1,066,132.				
a Applied to 2011, but not more than line 2a			0.	
<b>b</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 2012 distributable amount	<u> </u>	· · · · · · · · · · · · · · · · · · ·		373,965.
e Remaining amount distributed out of corpus	692,167.			3,3,303.
5 Excess distributions carryover applied to 2012	0.	· · · · · · · · · · · · · · · · · · ·		0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,170,688.			
<b>b</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		0.		
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line		0.		-
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				-
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	- 0.			
Subtract lines 7 and 8 from line 6a	2,170,688.			
10 Analysis of line 9:	2,110,000.			
a Excess from 2008				
b Excess from 2009 360,600.				
c Excess from 2010 419,055.				
d Excess from 2011 419,035.				
e Excess from 2012 692, 167.				
6 LAUGOO HUHI 2012   0 3 4 , 10 7 4				L

Form 990-PF (2012) CHRONIC DISEASES INC. 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 06/04/08 foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(ı)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2012 (b) 2011 (c) 2010 (d) 2009 (e) Total income from Part I or the minimum investment return from Part X for each year listed **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 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 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) 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.) 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 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 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 or e-mail 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:

:

Form 990-PF (2012) FOR CHRONIC DISEASES INC.

Part XV | Supplementary Information (continued)

26-2343375 Page 11

3 Grants and Contributions Paid During the		Payment	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				
THE CHILDREN'S HOSPITAL OF	NONE	EXEMPT	DETERMINING THE ROLE	
PHILADELPHIA			OF SYK IN TUMOR	
3401 CIVIC CENTER BLVD			NECROSIS FACTOR	
PHILADEPHIA, PA 19104			SECRETION IN A MURINE	100.000
			MODEL OF JUVENILE	100,000
NATIONAL CFIDS FOUNDATION	NONE	EXEMPT	STUDY ENOX CELL	
103 ALETHA ROAD			SURFACE PROTEINS IN	
NEEDHAM, MA 02492			PATIENTS WITH CFIDS	15,000
ARTHRITIS FOUNDATION	NONE	EXEMPT	CD4+FOXP3+ REGULATORY	
1330 WEST PEACHTREE ST. STE 100			T CELL ANALYSIS BY	
ATLANTA, GA 30309			ANATOMICAL LOCATION,	
•			SCOTT M. LIEBERMAN,	
			M.D. PH.D.	50,000
VIV. 1970 A. D. D. 1970 A. D. D. 1970 A. D. D. 1970 A. D. D. 1970 A. D. D. 197	Louis			
UNIVERSITY OF PITTSBURG DEPT	NONE	EXEMPT	SERUM CYTOKINE	
PEDIATRICS 4401 PENN AVENUE, ROOM 5304-AOB			PROFILES IN LOCALIZED SCLERODERMA BY KATHRYN	
PITTSBURG, PA 15224			TOROK M.D.	125,000
UNIVERSITY OF PITTSBURGH	NONE	EXEMPT	MALADAPTIVE DOUBLE	
4401 PENN AVENUE, ROOM 5304-AOB			NEGATIVE T CELLS IN	
PITTSBURG, PA 15224			JUVENILE IDIOPATHIC ARTHRITIS BY ABBE N.	
			DE VALLEJO PH D	162,000
Total SEE CO	ONTINUATION SHEE	T(S)	<b>▶</b> 3a	909 559
b Approved for future payment		-		
NONE				
NONE				
·				
Total		<u> </u>	▶_3b	0

:

Part XVI-A	Analysis	of Income-	-Producing	<b>Activities</b>
------------	----------	------------	------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Code		- COGE		
a	-		<del> </del>		
					<del></del>
· · · · · · · · · · · · · · · · · · ·			<del> </del>		
	l	<del></del>	<del> </del>	<del></del>	<del> </del>
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		
investments		_	14	64. 127,376.	
4 Dividends and interest from securities			14	127,376.	
5 Net rental income or (loss) from real estate:		_,		· · · · · · · · · · · · · · · · · · ·	
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	1,061,411.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a		_			
b	ļ				
C	<u> </u>	<del>-</del>			
d					
e				4 400 054	
12 Subtotal. Add columns (b), (d), and (e)		0.		1,188,851.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,188,851.
(See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	Aba Aaa			. D	
	_				
Explain below how each activity for which income the foundation's exempt purposes (other than be			contrib	outed importantly to the accon	nplishment of
N/A	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			, <del>-</del> , <del></del> ,
				• ••	
		<del></del>			
					<del>-</del>
		-			
	····	_			
		<u> </u>			

Page 13

	1990-PF (20	12) FOR	CHRONIC	DISEASES	INC.	26-2343375	<u> </u>
Pa	rt XVII	Information	Regarding 1	Fransfers To an	d Transactions and	<b>Relationships With Noncharitable</b>	<u></u>
		<b>Exempt Org</b>	anizations			·	
4	Did the eres	protect describe or		a agu of the following	unite and attendance de	searched in eaction EQ4(a) of	Vac

1	Did the or	ganization directly or indir	rectly engage in any	of the followin	ig with any other organization	on described in secti	on 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
а		sfers from the reporting foundation to a noncharitable exempt organization of:								
	· · · · · · · · · · · · · · · · · · ·									х
	(2) Other	assets						1a(1) 1a(2)		X
ь	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organizat	tion				15(1)		X
	• •	nases of assets from a nor	· -					1b(2)		X
		al of facilities, equipment, (		Ū				1b(3)		Х
	(4) Reimi	bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		Х
		rmance of services or me	mbership or fundrai	sing solicitatio	ons			1b(6)		Х
C		f facilities, equipment, mai						1c		Х
					• •	ways show the fair n	narket value of the goods, of	her ass	ets,	
							or sharing arrangement, sh		•	
	column (d	I) the value of the goods, (	other assets, or serv	ices received.						
a) L	ine no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and si	naring an	angeme	nts
				N/A						
				· ·						
			, , , , , , , , , , , , , , , , , , ,							
		<del></del> -								
		_								
		· <u> </u>								
					<del>.</del>					
2a	Is the four	ndation directly or indirect	ly affiliated with, or i	related to, one	or more tax-exempt organi	zations described				
	in section	501(c) of the Code (other	than section 501(c)	)(3)) or in sect	tion 527?			Yes	X	No
þ	If "Yes," co	omplete the following sche	edule.							
		(a) Name of org	anızatıon		(b) Type of organization		c) Description of relationsh	ıp		
		N/A								
					ig accompanying schedules and			the IRS	discuss t	this
Sig	gn   📞 y	MM///	Declaration of pri	eparer (other tha	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge return	n with the	e prepar	er
He	re	Colored In			105/19/13	DIRECT		Yes		ĴNo
	Śıgr	nature of officer or trustee		_	Date	Title				
		Print/Type preparer's na	ıme	Preparer's s	ignature	Date	Check If PTIN			
_							self- employed			
Pa		JOHN F. GR				05/08/13	P00	038	416	
	eparer	Firm's name ► STA	NFIELD &	O'DELL	, P.C.		Firm's EIN ► 73-12	934	33	
Us	e Only									
		Firm's address ▶ 32	11 S. LAK	EWOOD	AVE.					
		TU	LSA, OK 7	4135-4	934		Phone no. 918-6	<u> 28</u> -	<u>05</u> 0	0
								~ 000		

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

2012

	HE NANCY TAYLOR FOUNDATION OR CHRONIC DISEASES INC.	26-2343375					
Organization type (check		20-2343375					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the General Rule of the General Rule and a Special Rule of the General Rule o						
Special Rules							
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the goust form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
total contributions	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						
contributions for the lifthis box is checon purpose. Do not control to the lift but	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not totaked, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions of \$5,000 or more during the year	al to more than \$1,000 y religious, charitable, etc ,					
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B n Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I it 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) (2012)

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	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD L. TAYLOR III  8018 SOUTH MARION ST.  TULSA, OK 74136	\$1,007,515.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	`	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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 II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SECURITIES - PUBLICLY TRADED	_	
		\$\\$\\$\\$.	03/28/12
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	0. 990-EZ. or 990-PF) (2012)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2012)		Page 4
Name of org	ganization		Employer identification number
THE N	ANCY TAYLOR FOUNDATION		
FOR C	HRONIC DISEASES INC.		26-2343375
Part III	vear. Complete columns (a) through (e) and th	e following line entry. For organization, contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)
(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, ar		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of aiff	
		(e) Transfer of gift	
į	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<del></del>
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation 05/15/07|01/09/12 1a 0.666 WPX ENERGY INC P 03/19/9101/17/12 b 881 LIBERTY MEDIA CORP LIBERTY CAPITAL A P c 1000 LIBERTY MEDIA CORP LIBERTY CAPITAL A P 03/19/91<mark>01/17/1</mark>2 P d 200,000 U S TREASURY NOTE 0.875% |02/25/10|01/30/12 e 800,000 U S TREASURY NOTES 0.875% P 02/25/1002/29/12 f 100,000 GENERAL ELECTRIC CAP CORP 6.00% 09/29/0906/15/12 P P 01/14/0307/03/12 g 0.333 DUKE ENERGY CORPORATION h 500,000 U S TREASURY NOTES 1.5% P 11/20/0907/15/12 1 516.6050 LIBERTY MEDIA CORP LIBERTY CAPITAL A P 01/01/8108/02/12 1,983.394 LIBERTY MEDIA CORP LIBERTY CAPITAL A P 01/01/8108/02/12 P 03/08/1008/07/12 k 2,000 AMERICAN WATER WORKS CO INC 1 277.4080 LIBERTY MEDIA CORP LIBERTY CAPTIAL A P |01/01/81|08/08/12 m 2,222.591 LIBERTY MEDIA CORP LIBERTY CAPTIAL A P |03/19/91|08/08/12 03/19/9110/03/12 n 7773.4080 LIBERTY MEDIA CORP LIBERTY CAPTIAL A P o 722.587 LIBERTY MEDIA CORP LIBERTY CAPTIAL P 03/19/9110/03/12 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 11 10. а 74,468. 74,468. b 84,527. 84,527. C 200,073 200,010. 63. d 800,000. 800,000. 0. 100,000. 0. 100,000. f 13. 23. 10. g 500,000 500,000 0. h 49,075. 49,075 188,412. 188,412. 75,990. 42,482 33,508. 27,876. 27,876. 1 <u>223,345.</u> <u>223,345</u>. m 83,178. 83,178. n 77,312. 77,312. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (I) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any а 74,468. b 84,527. 63. ď 0. е 0. f 13. 9 0. h 49,075. 188,412. 33,508. k 27,876. 1 223,345. m 83,178. n 77,312. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 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

- Japana duma and Li	Jooes IUI Tax UII IIIVESIIIIEIII IIICUIIII	<u> </u>			
(a) List an 2-story b	d describe the kind(s) of property so crick warehouse; or common stock,	old, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	Y MEDIA CORP LII		D - Donation	03/19/91	1 1 1 1 1 1 1
	Y MEDIA CORP LII		P		
	MEDIA CORP LIBER		P	07/22/07	
	APITAL PARTICIAP		P		$\frac{10/11/12}{12/31/12}$
e 1.00 DABSON CA	APITAL PARTICIAP	I ION INV	P	14/30/11	14/31/14
f					
g		· · · · · · · · · · · · · · · · · · ·			
h				-	
1		·			
1			-		
k					
1	-				<del> </del>
m					
п					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h (e)	) Gain or (loss) plus (f) minus (g)	
a 27,266.	· , , , , , , , , , , , , , , , , , , ,		(6)	(,,	27,266.
$\frac{27,200}{26,231}$		9,912.			16,319.
c 275,191.		101,071.			$\frac{10,315}{174,120}$ .
d 1,928.		101,071.			1,928.
e <b>1,520.</b>					1,520.
f	**				
g				1	
h					
1					
k					
<u> </u>					
n				···-	
n					
0	L.,				
Complete only for assets show	ng gain in column (h) and owned by		(I) Lo	sses (from col. (h))	(1.)
(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	but i	of col. (h) gaın over not less than "-0-")	COI. (K),
a					27,266.
b					16,319.
C					174,120.
d					1,928.
e					
<u>f</u>					
g		<del>                                     </del>			
<u> </u>					
			••		- <del></del>
<u> </u>		+		<del>-</del> -	<del></del>
<u>^</u>					
<u>'</u> Π					
<u>"                                    </u>	1				
0					
	r If gain, also ente	er in Part I, line 7			0.61 411
2 Capital gain net income or (net c	rapital loss) { if (loss), enter *- coss) as defined in sections 1222(5) a	er in Part I, line 7 0-" in Part I, line 7	2	1,	061,411.
If gain, also enter in Part I, line 8	, column (c).	πα (0).	2		0

Part XV	Supplementary Information	UII			
3 Grants an	d Contributions Paid During the	Year (Continuation)			
	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name a	and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	741100111
YALE UNIVERS	SITY	NONE	EXEMPT	TARGETED	
333 CEDAR ST	TREET			NEUROFEEDBACK, A NOVEL	
NEW HAVEN, C	CT 06510			NONPHARMACOLOGICAL	
				TREATMENT FOR	
				OBSESSIVE-COMPULSIVE	115,000
YALE UNIVERS	SITY	NONE	EXEMPT	NAV 1.7 AND CHRONIC	
333 CEDAR ST	TREET			PAIN: GENREATION OF A	
NEW HAVEN, C	CT 06510			MODEL OF HUMAN	
		i		INHERITED	
				ERYTHROMELALGIA IN	118,539
YALE UNIVERS	SITY	NONE	EXEMPT	DISCOVERING GENETIC	
333 CEDAR ST	rreet			VARIATIONS IN HUMAN	
NEW HAVEN, C	CT 06510			INFLAMMATORY DISEASES	
				USING HIGH THROUGHPUT	
				ROBOTIC PLATFORMS	115,000
YALE UNIVERS	SITY	NONE	EXEMPT	PET IMAGING TO	
333 CEDAR ST	PREET		İ	DETERMINE FPEB BINDING	
NEW HAVEN, C	CT 06510		1	AND GLUTAMATE RECEPTOR	
				SUBTYPE 5 AVAILABILITY	
				IN DEPRESSION, IRINA	109,020
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# THE NANCY TAYLOR FOUNDATION FOR CHRONIC DISEASES INC.

26-2343375

FOR CHRONIC DISEASES INC. 20-2343373
Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - THE CHILDREN'S HOSPITAL OF PHILADELPHIA
DETERMINING THE ROLE OF SYK IN TUMOR NECROSIS FACTOR SECRETION IN A
MURINE MODEL OF JUVENILE IDIOPATHIC ARTHRITIS, EDWARD M. BEHRENS, M.D.
NAME OF RECIPIENT - YALE UNIVERSITY
TARGETED NEUROFEEDBACK, A NOVEL NONPHARMACOLOGICAL TREATMENT FOR
OBSESSIVE-COMPULSIVE DISORDER, CHRISTOPHER PITTENGER, M.D., PH. D
NAME OF RECIPIENT - YALE UNIVERSITY
NAV 1.7 AND CHRONIC PAIN: GENREATION OF A MODEL OF HUMAN INHERITED
ERYTHROMELALGIA IN RODENTS, STEPHEN WAXMAN, M.D. PH. D. AND OMAR SAMAD,
PH. D
NAME OF RECIPIENT - YALE UNIVERSITY
DISCOVERING GENETIC VARIATIONS IN HUMAN INFLAMMATORY DISEASES USING
HIGH THROUGHPUT ROBOTIC PLATFORMS, DAVID HALFER, M.D.
NAME OF RECIPIENT - YALE UNIVERSITY
PET IMAGING TO DETERMINE FPEB BINDING AND GLUTAMATE RECEPTOR SUBTYPE 5
AVAILABILITY IN DEPRESSION, IRINA ESTERLIS, PH. D

# 2012 DEPRECIATION AND AMORTIZATION REPORT

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PORM 9	FORM 990-PF PAGE 1				ł		990-PF	F						
Asset No	Description	Date Acquired	Method	Life	<u>اِکّة</u> ۷٥٤>	Unadjusted No Cost Or Basis	ted Bus asis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
11	11 COPIER	01/25/09	SL	5.00	16		752.			752.	438.		150.	588.
13	13 NETBOOK COMPUTER	05/17/09	SL	5.00	<del>- 1</del> •		1,032.			1,032.	532.		206.	738.
	MACHINERY & EQUIPMENT					1,784.	84.			1,784.	970.		356.	1,326.
	ОТНЕЯ													
12	12 OFFICE FURNITURE	12/10/09	SL	10.00	16	·	594.			594.	123.		. 65	182.
	* 990-PF PG 1 TOTAL OTHER		-				594.			594.	123.		.65	182.
	* GRAND TOTAL 990-PF PG 1		•			2 378	78			378	.00		712	, ,
	DEFR					) 1	•			• • • • • • • • • • • • • • • • • • • •			) 	٠, ٥٥٥
				-		·					-			
			•											
			*		_									

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
FIDELITY			_	64.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	64.
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	405.	20.	0	. 385.
TO FM 990-PF, PG 1, LN 16A =	405.	20.	0	. 385.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	6,505.	3,253.	0	. 3,253.
TO FORM 990-PF, PG 1, LN 16B	6,505.	3,253.	0	3,253.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TSP & FIDELITY OUTSIDE CONTRACT	58,510. 22,945.	58,510. 1,147.		. 0. 21,798.
TO FORM 990-PF, PG 1, LN 16C	81,455.	59,657.	0	21,798.

TOTAL TO FORM 990-PF, PART III, LINE 5

FORM 990-PF	XAT	ES	S1	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAX	5,085.	254.	0.	4,831.
FED EXCISE TAX EST PAYMENTS 2012 FOREIGN TAX	6,287. 41.	0. 41.	0.	0.
TO FORM 990-PF, PG 1, LN 18	11,413.	295.	0.	4,831.
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES SUPPLIES INSURANCE	70. 178. 3,088.	70. 9. 154.	0. 0. 0.	0. 169. 2,934.
WORKER'S COMPENSATION INSURANCE TELEPHONE	569. 1,010.	28. 51.	0. 0.	541. 960.
POSTAGE ASSOC OF SMALL FOUNDATIONS	498. 695.	25. 35.	0. 0.	473. 660.
OTHER EXPENSE TO FORM 990-PF, PG 1, LN 23	7,908.	90.	0.	7,447.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND E	BALANCES ST	PATEMENT 7
DESCRIPTION				AMOUNT
FMV OF CONTRIBUTED STOCK LESS	TAX BASIS	IN CONTRIBUTE	STOCK	725,986.

725,986.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR	INVESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATI DEPRECIAT		FAIR MARKET VALUE
COPIER	752.		38. 164	
OFFICE FURNITURE NETBOOK COMPUTER	594. 1,032.		82. 412 38. 294	
TO 990-PF, PART II, LN 14	2,378.	1,50	08. 870	870.
FORM 990-PF U.S. AN	D STATE/CITY (	GOVERNMENT	OBLIGATIONS	STATEMENT 9
DESCRIPTION	U.; GOV		BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTES	x		500,903.	500,195.
TOTAL U.S. GOVERNMENT OBLI	GATIONS	_	500,903.	500,195.
TOTAL STATE AND MUNICIPAL	GOVERNMENT OB	LIGATIONS	···	
TOTAL TO FORM 990-PF, PART	II, LINE 10A	=	500,903.	500,195.
FORM 990-PF	CORPORA'	re stock		STATEMENT 10
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS		_	3,954,841.	5,947,795.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	=	3,954,841.	5,947,795.
FORM 990-PF	CORPORA!	re bonds		STATEMENT 11
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		_	598,462.	609,622.
TOTAL TO FORM 990-PF, PART	II, LINE 10C	-	598,462.	609,622.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

THE NAME! TAILOR FOUNDATION			· 4	0-2343373
	SUBSTANTIAL CONTRIE ART VII-A, LINE 10	UTORS	STAT	EMENT 12
NAME OF CONTRIBUTOR	ADDRESS			
EDWARD L. TAYLOR III	8018 SOUTH MA TULSA, OK 741	·		
	LIST OF OFFICERS, D		STAT	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
EDWARD L. TAYLOR IV 2448 E 81ST ST STE 3711 TULSA, OK 74137	DIRECTOR 40.00	90,000.	20,979.	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.

20,979.

0.

90,000.

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 000302 02

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

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Name, address, and ZIP code of RIC or REIT  NATIONAL FINANCIAL SERVICES LLC	OMB No 1545-0145	Notice to Shareholder Long-Term Cap	
161 DEVONSHIRE STREET BOSTON MA 02110  Nominee For Babson Capital Participation Investors	2012	For calendar year 2012, or regulated investment cor real estate investmer	npany (RIĆ) or the
		beginning Jan 01 ,	2012, and
Identification number of RIC or REIT 04-3523567	Form <b>2439</b>	ending Dec 31 ,	2012
Shareholder's identifying number ***-**-3375	1a Total undistributed long-	term capital gains 1928.25	Сору В
Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE	1b Unrecaptured section 12	250 gain 0.00	Attach to the shareholder's income tax return
2448 E 81ST ST STE 3711	1c Section 1202 gain	1d Collectibles (28%) gain	for the tax year
TULSA OK 741374250	0.00	0.00	that includes the last day of the
	2 Tax paid by the RIC or F	REIT on the box 1a gains	RIC's or REIT's
A/C 636629065		675.00	tax year
0.400 Oct No. 440000		Description of the Toronto	1.1
Form <b>2439</b> Cat No 11858E	www.irs.gov/form2	Department of the Treas	ury - Internal Revenue Sen
	www.irs.gov/form2	Department of the Treas	ury - Internal Revenue Sen
UOID [	•	Department of the Treas	
Name, address, and ZIP code of RIC or REIT  NATIONAL FINANCIAL SERVICES LLC	CORRECTED		of Undistributed
Name, address, and ZIP code of RIC or REIT	CORRECTED	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment con	of Undistributed ital Gains other tax year of the hpany (RIC) or the
Name, address, and ZIP code of RIC or REIT  NATIONAL FINANCIAL SERVICES LLC  161 DEVONSHIRE STREET	CORRECTED  OMB No. 1545-0145	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment con real estate investmen	of Undistributed ital Gains other tax year of the npany (RIC) or the trust (REIT)
Name, address, and ZIP code of RIC or REIT  NATIONAL FINANCIAL SERVICES LLC  161 DEVONSHIRE STREET  BOSTON MA 02110	CORRECTED  OMB No. 1545-0145	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment con	of Undistributed ital Gains other tax year of the npany (RIC) or the ot trust (REIT) 2012, and
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  Identification number of RIC or REIT	OMB No. 1545-0145 2012	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment cor real estate investmer beginning Jan 01 , and one of the control of t	of Undistributed ital Gains other tax year of the npany (RIC) or the ot trust (REIT) 2012, and
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 Identification number of RIC or REIT  04-3523567  Shareholder's identifying number  ***-**-3375  Shareholder's name, address, and ZIP code	CORRECTED  OMB No. 1545-0145  2012  Form 2439	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment cor real estate investmen beginning Jan 01 , ending Dec 31 , determ capital gains	of Undistributed ital Gains other tax year of the npany (RIC) or the ot trust (REIT) 2012, and
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  Identification number of RIC or REIT  04-3523567  Shareholder's identifying number  ***-**-3375  Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE 2448 E 81ST ST STE 3711	CORRECTED  OMB No. 1545-0145  2012  Form 2439  1a Total undistributed long- 1b Unrecaptured section 12	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment con real estate investmen beginning Jan 01 ending Dec 31 ending Dec 31 1928.25	of Undistributed ital Gains other tax year of the inpany (RIC) or the it trust (REIT) 2012, and 2012 Copy C
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  Identification number of RIC or REIT  04-3523567  Shareholder's identifying number  ***-**-3375  Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE	CORRECTED  OMB No. 1545-0145  2012  Form 2439  1a Total undistributed long-	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment con real estate investmen beginning Jan 01 , ending Dec 31 , ending Dec 31 , 1928.25	of Undistributed ital Gains other tax year of the inpany (RIC) or the it trust (REIT) 2012, and
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  Identification number of RIC or REIT  04-3523567  Shareholder's identifying number  ***-**-3375  Shareholder's name, address, and ZIP code NANCY TAYLOR FOUN CHRONIC DISE 2448 E 81ST ST STE 3711	CORRECTED  OMB No. 1545-0145  2012  Form 2439  1a Total undistributed long- 1b Unrecaptured section 12  1c Section 1202 gain	Notice to Shareholder Long-Term Cap For calendar year 2012, or regulated investment cor real estate investmen beginning Jan 01 , 3 ending Dec 31 , 3 eterm capital gains 1928.25 250 gain 0.00  1d Collectibles (28%) gain 0 00	of Undistributed ital Gains other tax year of the hipany (RIC) or the hit trust (REIT) 2012, and 2012  Copy C  For shareholder's

CORRECTED