

#### 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





#### 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



### Form **990-PF**

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

2013

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

BAA For Paperwork Reduction Act Notice, see instructions.

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

, 2013, and ending For calendar year 2013, or tax year beginning 12/09 12/31 2013 Employer identification number NADER FAMILY PRIVATE FOUNDATION 46-7170040 3111 E 86TH ST TULSA, OK 74137 В Telephone number (see the instructions) 祠 C If exemption application is pending, check here Check all that apply X Initial return Initial return of a former public charity Final return Amended return D 1 Foreign organizations, check here Address change Name change 2 Foreign organizations meeting the 85% test, chec |X| Section 501(c)(3) exempt private foundation here and attach computation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here F Other (specify) Ś (Part I, column (d) must be on cash basis ) 124,981. Analysis of Revenue and Part I (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not necespurposes (cash sarily equal the amounts in column (a) basis only) (see instructions)) Contributions, gifts, grants, etc, received (att sch) 125,000 2 If the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all NOV assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 125,000 0 0 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach sch) c Other prof fees (attach sch) Interest 17 18 Taxes (attach scheduleYsee instrs) 19 Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings 21 Printing and publications 22 E X P 23 Other expenses (attach schedule) SEE STATEMENT 1 19 Total operating and administrative expenses. Add lines 13 through 23 19 Contributions, gifts, grants paid 25 Total expenses and disbursements. Add lines 24 and 25 19 0 0 0. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 124,981 0. b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0) 0.

Form 990-PF (2013)

TEEA0504L 10/18/13

Part	11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	•
i, ai,	19	Dalance Sheets	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing		124,981.	124,981.
	2	Savings and tempora	ary cash investments			<del>-</del>
	3	Accounts receivable	•	_	-	
		Less allowance for	doubtful accounts			
	4	Pledges receivable	·			
		Less allowance for	doubtful accounts •	·	** ***	
	5	Grants receivable				<del></del>
	6	Receivables due from official disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)	-		
	7			-		•
A	_	Less allowance for	` '	· · · · · · · · · · · · · · · · · · ·		
S	8	Inventories for sale			<del></del>	
A S S E T	9	Prepaid expenses a				
S		. ,	<u> </u>			
3		obligations (attach s b Investments — corporate	·			
		•	` '		<del></del>	
		c Investments — corporate	·			-
	11	Investments – land, equipment basis	·			
		Less accumulated deprec (attach schedule)	<b></b>			
	12	Investments – morte			- <del></del>	
ļ	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment basis			- :
		Less accumulated deprec (attach schedule)	iation •			
		Other assets (descri	,			
		see the instructions	completed by all filers — Also, see page 1, item I)	0.	124,981.	124,981.
Ļ	17	• •	nd accrued expenses			
A B	18	• •				-
B I	19	Deferred revenue				2
L	20	Loans from officers, direc	tors, trustees, & other disqualified persons			-
l T	21	Mortgages and other notes	s payable (attach schedule)			1
- 1	22	Other liabilities (des	cribe •)			-
E S	23	· ·		0.	0.	,
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			,
NF	24	Unrestricted				
E U T N	25	Temporarily restricte	ed			
D	26	Permanently restrict	ed			-
A S S A E T A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.			•
ĚĹ	27	Capital stock, trust p	orincipal, or current funds			_
SN	28	Paid-in or capital surplus,	or land, building, and equipment fund		<del></del>	
o E	29	Retained earnings, accum	ulated income, endowment, or other funds		124,981.	
ŔŠ	30	Total net assets or f	und balances (see instructions)	0.	124,981.	;
	31		net assets/fund balances			1
Dard	  -	(see instructions)	gos in Not Assets on Fund Polone	0.	124,981.	
ran	. (31	Alialysis of Clian	ges in Net Assets or Fund Balanc	<del>5</del> 5	<del></del>	
1	Tota	I net assets or fund ba	alances at beginning of year — Part II, colu	ımn (a), line 30 (must aç	-	
2		er amount from Part I,	d on prior year's return)		1	0.
2 3		er amount from Part I, increases not included in li			2	124,981.
3 4		lines 1, 2, and 3			3	104 007
5		asses not included in line 2 (	(itemize) ►		4	124,981.
_			alances at end of year (line 4 minus line 5)	- Part II column (b) I		104 001
0	. 010		dianess at end of year time 4 minus line 5)	- raicii, colullili (b), l	iiie 30   0	124,981.

(a) List and describ 2-story brick warehou	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day year)	(d) Date sold (month, day, year)		
1a N/A		····			
b		<del>-</del> · ·			
С	· · ·	•			
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	sis le	(h) Gain or (e) plus (f) m	
a					
b					
C			_		
d					
e					
(i) Fair Market Value	wing gain in column (h) and owned by	<u> </u>		(I) Gains (Col ain minus column (I	umn (h)
as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	ny th	an -0-) <b>or</b> Losses (f	
a					
b					
C					
d					
e				T	
If gain, also enter in Part I, lii in Part I, line 8	(loss) as defined in sections 1222(5) ne 8, column (c) (see instructions) If	(loss), enter -0-	3		
AND THE PROPERTY CO.	er Section 4940(e) for Reduce to the section			N/A	
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable an alify under section 4940(e) Do not co in each column for each year, see th	mplete this part		Yes	☐ No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (col	<b>(d)</b> Distribution umn (b) divided	
2012					
2011					
2010					
2009					
2008					
2 Total of line 1, column (d)			2		
	the 5-year base period – divide the to on has been in existence if less than		3		
4 Enter the net value of noncha	aritable-use assets for 2013 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		<del> </del>
8 Enter qualifying distributions	from Part XII, line 4		8		
Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 19		
BAA				For	n <b>990-PF</b> (2013

	990-PF (2013) NADER FAMILY PRIVATE FOUNDATION 46-7170040		F	age 4
Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	s)		
`1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
	check here ► and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		·	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-).			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments		•	. 1
	2013 estimated tax pmts and 2012 overpayment credited to 2013			
	Exempt foreign organizations — tax withheld at source  6b			
	Tax paid with application for extension of time to file (Form 8868)			_
	Backup withholding erroneously withheld  Table and the and province Add bear Catherine Cd.			
7	Total credits and payments Add lines 6a through 6d  7			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9  Overrowment If line 7 is more than the total of lines 5 and 8 enter the amount overround.			0.
10	Overpayment. If the 7 is more than the total of lines 5 and 6, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax  TVII-A   Statements Regarding Activities		_	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1 a	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?	1 a	163	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	i	Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	-		ţ
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-		
_	(1) On the foundation	٠,		
е	foundation managers $\Rightarrow$ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	X
	If 'Yes,' attach a detailed description of the activities			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-		1
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	-		
	By language in the governing instrument, or	.		-
	<ul> <li>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?</li> </ul>	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
<b>8</b> a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	N/A			
t	of 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 <i>General Instruction G</i> ? If 'No,' attach explanation	8 b	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		X
RAA	Fo	rm 991	LPF (	70 L 37

Гаі	t All-W	Statements Regarding Activitie	s (continueu)				
ìı		me during the year, did the foundation, de meaning of section 512(b)(13)? If 'Yes'	rectly or indirectly, own a controlled entity, attach schedule (see instructions)		11		X
12		oundation make a distribution to a donor adv privileges? If 'Yes,' attach statement (se	ised fund over which the foundation or a disque instructions)	alified person had	12		Х
13	Did the f	oundation comply with the public inspect	ion requirements for its annual returns and	exemption application?	13	X	
	Website	address	► N/A				
14	The bool	s are in care of DANIEL NADER		Telephone no ► (918)	698-	 1226	
	Located	at ► 3111 E 86TH ST TULSA	OK	ZIP + 4 ► 74137			
15	Section 4		ling Form 990-PF in lieu of Form 1041 - Cl	heck here	_Ņ <u>/</u> Ā		Π.
	and ente	r the amount of tax-exempt interest rece	ived or accrued during the year	<b>►</b> 15			N/A
16	At any tir bank, se	ne during calendar year 2013, did the found curities, or other financial account in a fo	ation have an interest in or a signature or othe oreign country?	er authority over a	16	Yes	No X
	See the i	nstructions for exceptions and filing requirer country.	nents for Form TD F 90-22 1 If 'Yes,' enter the	e name of the		_	
Par	t VII-B	Statements Regarding Activities	s for Which Form 4720 May Be Re	equired		1	
	File For	n 4720 if any item is checked in the 'Yes	column, unless an exception applies.	•		Yes	No
1 a	During th	ne year did the foundation (either directly	or indirectly)				1
	(1) Enga	age in the sale or exchange, or leasing o	f property with a disqualified person?	Yes X No			1
	(2) Borr	ow money from, lend money to, or other ualified person?	wise extend credit to (or accept it from) a	Yes XNo		į	- ;
	(3) Furn	ish goods, services, or facilities to (or ac	cept them from) a disqualified person?	Yes X No			;
	(4) Pay	compensation to, or pay or reimburse th	e expenses of, a disqualified person?	Yes X No			1
	(5) Tran	sfer any income or assets to a disqualifi ne benefit or use of a disqualified person	ed person (or make any of either available	Yes X No		-	,
	foun	e to pay money or property to a governr dation agreed to make a grant to or to emplo overnment service, if terminating within 9	nent official? ( <b>Exception.</b> Check 'No' if the by the official for a period after termination 0 days)	Yes X No		73	- 1
t	If any ar Regulati	nswer is 'Yes' to 1a(1)-(6), did <b>any</b> of the ons section 53 4941(d)-3 or in a current i	acts fail to qualify under the exceptions de notice regarding disaster assistance (see in	escribed in astructions)?	1 b	- N	j /A
	Organiza	ations relying on a current notice regardii	ng disaster assistance check here	▶ □	_		- ;
C	: Did the t that wer	oundation engage in a prior year in any e not corrected before the first day of the	of the acts described in 1a, other than exce tax year beginning in 2013?	epted acts,	1 c	~	X
2	Taxes of private of	n failure to distribute income (section 49d operating foundation defined in section 49d	(does not apply for years the foundation 42(j)(3) or 4942(j)(5))	n was a		,	ī
ā	At the e and 6e,	nd of tax year 2013, did the foundation h Part XIII) for tax year(s) beginning befor	ave any undistributed income (lines 6d e 2013?	Yes X No			** ** ** **
	If 'Yes,'	list the years <b>&gt;</b> 20 , 20 , 2	, 20			- 1	}
ł	(relating	to incorrect valuation of assets) to the y	ndation is <b>not</b> applying the provisions of se ear's undistributed income? (If applying sec				
	-	s listed, answer 'No' and attach statemen	•	Here was the	2 b	N,	/A
(	•	ovisions of section 4942(a)(2) are being a , 20, 20, 20	applied to <b>any</b> of the years listed in 2a, list	the years here		2.7	,
3 8		foundation hold more than a 2% direct or se at any time during the year?	indirect interest in any business	Yes X No	:	ار ازدار ا	
l	or disque by the C	alified persons after May 26, 1969, <b>(2)</b> the commissioner under section 4943(c)(7)) t	1013 as a result of (1) any purchase by the feel apse of the 5-year period (or longer period dispose of holdings acquired by gift or be the holding period? (Use Schedule C, Form 4 holdings in 2013)	od approved equest, or	3 b	N	- :    /A
4 8		foundation invest during the year any am le purposes?	ount in a manner that would jeopardize its		4a		Х
ı	Did the	foundation make any investment in a pri	or year (but after December 31, 1969) that of	could			
	jeopardiz		emoved from jeopardy before the first day of		4 b		
BAA		car beginning in 2015.	<del></del>	Ē	orm <b>99</b>	0-PF /	2013)
	•				J. 111 J.J	•-ı ı (	

Form 990-PF (2013) NADER FAMILY PRIVA		4720 May Ba Dan		70040 Page <b>6</b>
Part VII-B   Statements Regarding Activiti		14/20 May Be Req	uirea (continuea)	
'5 a' During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	•	n (section 4945(e))?	☐Yes X	No
(2) Influence the outcome of any specific publi	lic election (see section			
on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,		purposes?	Yes X	No No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes	No
(5) Provide for any purpose other than religion educational purposes, or for the preventio			Yes	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No
If 'Yes,' attach the statement required by Regi	ulations section 53 494!	5-5(d)		]        ,   ;
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes	No .
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b X
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ection? Yes >	No
<b>b</b> If 'Yes,' did the foundation receive any procee	•		transaction?	N/A 7b
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(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
DANIEL NADER	TRUSTEE	0.	0.	0.
3111 E 86TH STREET TULSA, OK 74137	0			
MARY NADER	TRUSTEE	0.	0.	0.
3111 E 86TH STREET TULSA, OK 74137	0			
2 Compensation of five highest-paid employees (or	ther than those included			E.'
(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	<u> </u>			0
BAA	TEEA0306L 0	07/10/13	_	Form 990-PF (2013)

46-7170040

Page 7

Form 990-PF (2013) NADER FAMILY PRIVATE FOUNDATION

Form 990-PF (2013) NADER FAMILY PRIVATE FOUNDATION	46-7170040	) Page <b>8</b>
Part X   Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign four	idations,
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.	1 a	
<b>b</b> Average of monthly cash balances	1 b	124,981.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines la, b, and c)	1 d	124,981.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	-	-
(attach detailed explanation) 1 e	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	124,981.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,875.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	123,106.
6 Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 0.315	1 % 6	388.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► and do not complete this par		ations
1 Minimum investment return from Part X, line 6	1	388.
2 a Tax on investment income for 2013 from Part VI, line 5		
b Income tax for 2013 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	388.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	388.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	388.
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	1 a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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 (see instructions)	5	
Litter 170 of Part 1, little 270 (see instructions)	9	

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

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA Form 990-PF (2013)

6

0.

#### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7			-	388.
2 Undistributed income, if any, as of the end of 2013	-			
a Enter amount for 2012 only	_		0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008	•			1
<b>b</b> From 2009				
<b>c</b> From 2010				, 1
<b>d</b> From 2011		,		- '
e From 2012		·	,	ું વ
f Total of lines 3a through e	0.			-
4 Qualifying distributions for 2013 from Part				- }
XII, line 4 🕨 \$			-	,
a Applied to 2012, but not more than line 2a	-		0.	- ]
<b>b</b> Applied to undistributed income of prior years				1)
(Élection required – see instructions)		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2013 distributable amount		`-		0.
e Remaining amount distributed out of corpus	0.			-
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )		,		- 1
(=/ /		· -	. ,,,	- 1
6 Enter the net total of each column as				
indicated below:		,		5
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		.,	
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b	,	0.	-	n pro-
c Enter the amount of prior years' undistribut-			-	·
ed income for which a notice of deficiency has been issued, or on which the section				1
4942(a) tax has been previously assessed		0.	•	1
d Subtract line 6c from line 6b Taxable				, i
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	,
£ Underteibuted income for 2012. Cubbreat lines	•			· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2014				388.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				Ī
by section 170(b)(1)(F) or 4942(g)(3)				ļ
(see instructions)	0.			i
8 Excess distributions carryover from 2008 not				1
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			<u>}</u>
10 Analysis of line 9:	<u> </u>			
a Excess from 2009	•			
<b>b</b> Excess from 2010		1		
c Excess from 2011				
d Excess from 2012				i
e Excess from 2013			1	j
	·	I		

Form 990-PF (2013) NADER FAMILY PRI				46-7170040	) Page 10
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2013, enter the date of the	rmination letter that ruling	it is a private operat	ting foundation, and th	ie ruling	
<b>b</b> Check box to indicate whether the foundate	•	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	
income from Part I or the minimum investment return from Part X for	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
each year listed					
<b>b</b> 85% of line 2a		<u> </u>	<u> </u>	_	
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					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
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					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).</li> </ol>					
(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					<del></del>
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	s part only if the	foundation had	\$5,000 or more	in
assets at any time during th	<del></del>	istructions.)			····
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have NONE)	e contributed more t	than 2% of the total of than \$5,000) (See	contributions received e section 507(d)(2))	by the foundation bef	ore the
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a	e stock of a corporati 10% or greater inte	on (or an equally large rest	e portion of the owner	ship of
2 Information Regarding Contribution, Gra Check here  X if the foundation only make requests for funds. If the foundation make complete items 2a, b, c, and d	akes contributions to es gifts, grants, etc	preselected charitations) to	ole organizations and o to individuals or orga	nizations under other	
a The name, address, and telephone number o	r e-mail of the perso	on to whom application	ons should be address	ed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de	
c Any submission deadlines.	<u>.</u>				
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of i	nstitutions, or other	factors
BAA	71	EFACTOR OTHER			orm <b>990-PF</b> (2013)
<b>□</b> , v ·	10	EEA0310L 07/10/13		Г	OITH JUG-FF (2013)

'3 'Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year	substantial contributor	recipient		
Total		<u> </u>	► 3a	
<b>b</b> Approved for future payment				
Total			. ▶ 315	

#### Part XVI-A Analysis of Income-Producing Activities

Ente	gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded by	section 512, 513, or 514	(-)
1	_	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (See instructions)
а						
b						
c						
d						
e						
f	Fees and contracts from government agencies	-				
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			<del>  </del>		
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate	1, 1, 4, 4, 4, 4		<del>  </del>	-	
_	Debt-financed property			<del>  -</del>		<u> </u>
	Not debt-financed property	<u> </u>				<del></del>
6	Net rental income or (loss) from personal property					
7	Other investment income			1		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events				<u> </u>	
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:	7 (3)		. , .		- 1
ā	<b>1</b>					
t	)					
•	·					
•	<u> </u>					
•						
12	Subtotal Add columns (b), (d), and (e)	- 2				
12 13	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)				13	0.
12 13 (See	Subtotal Add columns (b), (d), and (e) <b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated	ations )				0.
12 13 (See	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations )		ot Purpos		0.
12 13 (See	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e) worksheet in line 12, columns (b), (d), and (e) worksheet in line 12, columns (b), (d), and (e)	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e) worksheet in line 12, columns (b), (d), and (e) worksheet in line 12, columns (b), (d), and (e)	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Par	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	
12 13 (See Pai	Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the columns of the columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated to the columns of the columns	ations) he Accompl	ishment of Exemp		es	

# Form 990-PF (2013) NADER FAMILY PRIVATE FOUNDATION 46-7170040 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	<del></del>		
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of		· .	
(1) Cash	1 a (1)		X
(2) Other assets	1 a (2)		X
<b>b</b> Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1 b (1)	<u></u>	Χ
(2) Purchases of assets from a noncharitable exempt organization	1 b (2)		X
(3) Rental of facilities, equipment, or other assets	1 b (3)		X
(4) Reimbursement arrangements	1 b (4)		Χ
(5) Loans or loan guarantees	1 b (5)		Х
(6) Performance of services or membership or fundraising solicitations	1 b (6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1 c		Х
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fathe goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market valuarity transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	iir market val e in eived	ue of	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions,	and sharing arra	ngemen	is
N/A			
<ul> <li>2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?</li> <li>b if 'Yes.' complete the following schedule</li> </ul>	Ye	s X	No
(a) Name of organization (b) Type of organization (c) Description of	relationship		
N/A			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Sign	May the	IRS disc	เมรร
Here Hull Vode 11-19-19 TRUSTEE	this retu preparer	shown	below
Signature of officer or trustee Date Title	(see ins	Yes	No
Print/Type preparer's name Prepared's Signature Date Check	ıf PTIN	1	
Paid KEN WILLIAMS CPA.ABV.CFF.CGMA 11/10/14 self-employed	P003501	167	
	-4528840	<del></del>	
Use Only Firm's address 4609 E 91ST STREET			
	8 492-7511		
BAA	Form <b>99</b>	0-PF (2	2013)

#### 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
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization		Employer identification number					
NADER FAMILY PRIVATE FOUNDATION	46-7170040						
Organization type (check one)							
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 priv	ate foundation					
		ate roundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the Ge	aneral Pule or a Special Pule						
, ,	·						
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See instructions					
General Rule							
X For an organization filing Form 990, 990-EZ, or contributor (Complete Parts I and II)	r 990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one					
contributor (complete rans rand ir)							
Special Rules							
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I a	the greater of (1) \$5,000 or					
total contributions of more than \$1,000 for the prevention of cruelty to children or anim	on filing Form 990 or 990-EZ that received from any one contributuse exclusively for religious, charitable, scientific, literary, of thats Complete Parts I, II, and III	r educational purposes, or					
For a section 501(c)(7), (8), or (10) organization	on filing Form 990 or 990-EZ that received from any one contribu	or, during the year,					
contributions for use exclusively for religious, of	charitable, etc, purposes, but these contributions did not total to right relations that were received during the year for an <i>exclusively</i> relations.	nore than \$1,000					
purpose Do not complete any of the parts unle	ess the General Rule applies to this organization because it received	ved nonexclusively					
religious, charitable, etc, contributions of \$5	5,000 or more during the year	<b>►</b> \$					
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sc	hedule B (Form 990, 990-F7, or					
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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							
BAA For Paperwork Reduction Act Notice, se or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule B (	Form 990, 990-EZ, or 990-PF) (2013)					

Schedule	R	(Form 990)	990.F7	or 990-PF)	(2013)
Scriedule	U	(FUIII 330)	, フラロ・ビム,	01 220-67	(2013)

Page

L of

1 of Part 1

Name of organization

Employer identification number

NADER FAMILY PRIVATE FOUNDATION

46-7170040

MINITER	TAMILI TRIVATE TOUNDATION	140 / 2	170040
Part 1	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PULMONARY MEDICINE OF OKLAHOMA  8177 S. HARVARD, SUITE 735  TULSA, OK 74137	\$ <u>125,</u> 000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

1 to

1 of Part II

Name of organization

Employer identification number

#### NADER FAMILY PRIVATE FOUNDATION

46-7170040

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		  \$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		  \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		  \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		  \$ 	

1 to

of Part III

Name of organization
NADER FAMILY PRIVATE FOUNDATION

16-7170010

		40 7 1 7 0 0 4 0
Part IIIs	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7)	7). (8) or (10)
	organizations that total more than \$1,000 for the year. Complete columns (a) through (e) an	d the following line entry

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000** or less for the year (Enter this information once See instructions.)

•	\$						N/	Ά
	_	 	_	_	_	_	_ ·	_

Use duplicate copies of Part III if additional space is needed (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### Form **8868**

(Rev January 2014)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

internai Revenue	Service	information about Form &	ooo anu its iristr	uctions is at www.irs.gov/iormoood.		
If you are	e filing for an	Automatic 3-Month Extension,	complete only	Part I and check this box		► X
• If you are	e filing for an a	Additional (Not Automatic) 3-M	onth Extension	n, complete only Part II (on page 2 of t	his form)	
Do not comp	olete Part II un	i <b>less</b> you have already been gra	anted an autom	natic 3-month extention on a previously	filed Form 8868	
corporation r request an ex Associated V	required to file itension of time Vith Certain Po	Form 990-T), or an additional to file any of the forms listed in F	(not automatic) Part I or Part II w th must be sent	d a 3-month automatic extension of time 3-month extension of time. You can exit the exception of Form 8870, Informatic to the IRS in paper format (see instruct Charities & Nonprofits.)	lectronically file Fo on Return for Transfe	rm 8868 to ers
1 7				omit original (no copies needed)	).	
Company and and				-month extension - check this box and		ılv ▶ 🗆
·	·	_		nd trusts must use Form 7004 to reque	•	· _
income tax r			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
	Name of exempt	organization or other filer, see instruction	ns	Enter hier's iden	tifying number, see	
Type or		•				, , , , , , ,
print	NADER FA	MILY PRIVATE FOUNDA	TION		46-7170040	
File by the		and room or suite number. If a P.O. box,			Social security number	er (SSN)
fue date for iling your	3111 E 8		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
eturn See nstructions	'	st office, state, and ZIP code. For a foreign	n address, see instri	uctions		
	TULSA, C	<u>K 74137</u>				
Enter the Re	eturn code for	the return that this application	ıs for (file a sep	parate application for each return)		04
Application Is For			Return Code	Application Is For		Return Code
Form 990 or f	Form 990-EZ		01	Form 990-T (corporation)		07
orm 990-BL	-		02	Form 1041-A		08
orm 4720 (ır			03	Form 4720 (other than individual)		09
Form 990-PF			04	Form 5227		10
	<del>`                                      </del>	a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other th	an above)	06	Form 8870		12
Telephon  If the org  If this is check the exter  Treques  until  The ex  X  If the t	ganization doe for a Group R is box nsion is for st an automatic 8/15 ttension is for calendar yea tax year beg	8) 698-1226 Is not have an office or place or leturn, enter the organization's or lift it is for part of the group of the group of the group of the exempt the organization's return form of the group or linning 12/09 , 20 1 and in line 1 is for less than 12 med in line 1 is for	four digit Group up, check this be stion required to organization re	the United States, check this box of Exemption Number (GEN) and attach a list with the number file Form 990-T) extension of time extern for the organization named above	If this is for the whames and EINs of	•
<u></u>		<del>:</del>	-T, 4720, or 600	69, enter the tentative tax, less any		
		s See instructions		· · · · · · · · · · · · · · · · · · ·	3a \$	n

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

**b** If this application is for Forms 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

**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

0.

0.

3b \$

3 c |\$

• ~  † •VOU	8 (Rev 1-2014)	<del></del>		<del></del>	Page			
-	are filing for an Additional (Not Automatic) 3-N		· •		► <u>X</u>			
	y complete Part II if you have already been gra			sly filed Form 8868				
	are filing for an Automatic 3-Month Extension,	<del></del>		1.				
Part II	Additional (Not Automatic) 3-Mont	h Extension		<del></del>	<u> </u>			
	Name of exempt organization or other filer, see instructions		Enter tiler's i	dentifying number, see in: Employer identification number				
	Name of exempt organization of other mer, see instructions			Employer identification number	(LIN) OF			
Type or	NADER FAMILY PRIVATE FOUNDAT	NADED DAVIEW DRIVEND DOUNDAMION						
print	Number, street, and room or suite number If a P O box, si			46-7170040 Social security number (SSN)				
File by the extended due date for filing your return See	by the ended ended WILLIAMS, JARRETT, SMITH & CO., P.C.							
return See instructions	City, town or post office, state, and ZIP code. For a foreign	address, see instruct	tions					
	TULSA, OK 74137-2852							
Enter the	Return code for the return that this application	is for (file a se	parate application for each return)		04_			
		<u> </u>	Ta	<del></del>	T = .			
Application Is For	on	Return Code	Application Is For		Return Code			
Form 990	or Form 990-EZ	01	· · · · · ·					
Form 990		02	Form 1041-A		08			
Form 4720	) (individual)	03	Form 4720 (other than individual)		09			
Form 990	-PF	04	Form 5227		10			
Form 990	I-T (section 401(a) or 408(a) trust)	05	Form 6069					
Form 990	I-T (trust other than above)	other than above) 06 Form 8870			12			
			matic 3 manth outonaism an a mesui	iously filed Form 8868				
STOP! Do	o not complete Part II if you were not already o	iranted an autor	nauc 3-monui extensión on a brevi					
STOP! Do	o not complete Part II if you were not already o	ranted an autor	matic 5-month extension on a previ	——————————————————————————————————————				
<del>-</del>		ranted an autor	matic 5-month extension on a previ		<u></u> ,			
The be	ooks are in care of DANIEL NADER							
The beautiful Telephart	ooks are in care of DANIEL NADER hone No (918) 698-1226	Fax No. ►			▶ [			
<ul><li>The beautiful Telepl</li><li>If the</li></ul>	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place	Fax No. ► of business in th	ne United States, check this box		► [			
<ul><li>The bound of the second of the secon</li></ul>	ooks are in care of DANIEL NADER  hone No (918) 698-1226  organization does not have an office or place of the strength of the organization's	Fax No. ► f business in the	ne United States, check this box o Exemption Number (GEN)					
The bound of the lifthe lifthis whole grown are lifted.	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place	Fax No. ► f business in the	ne United States, check this box o Exemption Number (GEN)					
The by Telepl If the If this whole gromembers	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of the standard standard of the extension is for	Fax No. ►  of business in the four digit Grouphe group, check	ne United States, check this box p Exemption Number (GEN) this box ▶ □ and attach a list w					
The bound of the second of th	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place or some for a Group Return, enter the organization's pup, check this box of the extension is for	Fax No. ► of business in the four digit Group, check	ne United States, check this box p Exemption Number (GEN) this box • and attach a list w	If the names and EINs	of all			
The both Teleple If the If this whole grownembers  I recommended to the telepole to the telep	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of the standard property of the extension is for  quest an additional 3-month extension of time calendar year , or other tax year beg	Fax No. Fax No. Fax No. Fax No. For business in the four digit Grouphe group, check for the group, check for the group for the g	ne United States, check this box p Exemption Number (GEN) this box  and attach a list w  , 20 14 , 20 13, and ending	If the lames and EINs	of all			
The both Telepl If the If this whole grownembers  I recommended to the telepole to the telepo	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of its for a Group Return, enter the organization's oup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time calendar year , or other tax year begine tax year entered in line 5 is for less than 12	Fax No. Fax No. Fax No. Fax No. For business in the four digit Grouphe group, check for the group, check for the group for the g	ne United States, check this box p Exemption Number (GEN) this box  and attach a list w  , 20 14 , 20 13, and ending	If the names and EINs	of all			
<ul> <li>The best Teleple</li> <li>If the</li> <li>If this whole grownembers</li> <li>4   respective to the period</li> <li>6   If the period</li> </ul>	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension of time calendar year, or other tax year begine tax year entered in line 5 is for less than 12 Change in accounting period	Fax No. For four digit Group he group, check funtil 11/15 inning 12/09 months, check in fax and factors.	ne United States, check this box of Exemption Number (GEN) this box ▶ □ and attach a list w  70 14 70 13, and ending freason. X Initial return	If thin the names and EINs	of all 13			
<ul> <li>The best Teleph</li> <li>If the</li> <li>If this whole grownembers</li> <li>4   rest</li> <li>5   For</li> <li>6   If the</li> <li>7   Sta</li> </ul>	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time calendar year, or other tax year begine tax year entered in line 5 is for less than 12 Change in accounting period te in detail why you need the extension	Fax No. For business in the four digit Group, check formula 11/15 inning 12/09 months, check for the fax PAYER RE	ie United States, check this box in Exemption Number (GEN) this box I and attach a list w  10 14 10 13, and ending creason. X Initial return  SPECTFULLY REQUESTS AL	If thin the names and EINs  12/31, 20  Final return  DDITIONAL TIME T	of all 13			
<ul> <li>The best Teleph</li> <li>If the</li> <li>If this whole grownembers</li> <li>4   rest</li> <li>5   For</li> <li>6   If the</li> <li>7   Sta</li> </ul>	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension is for If it is for part of the extension of time calendar year, or other tax year begine tax year entered in line 5 is for less than 12 Change in accounting period	Fax No. For business in the four digit Group, check formula 11/15 inning 12/09 months, check for the fax PAYER RE	ie United States, check this box in Exemption Number (GEN) this box I and attach a list w  10 14 10 13, and ending creason. X Initial return  SPECTFULLY REQUESTS AL	If thin the names and EINs  12/31, 20  Final return  DDITIONAL TIME T	of all 13			
• The best Teleple If the If this whole grown members 4 I response 5 For 6 If the Table 7 Sta	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time calendar year, or other tax year begine tax year entered in line 5 is for less than 12 Change in accounting period te in detail why you need the extension	Fax No. For business in the four digit Group, check for the group, check for the group, check for the group for the group, check for the group	ne United States, check this box p Exemption Number (GEN) this box ▶ and attach a list w  , 20 14 , 20 13, and ending 1 reason. X Initial return  CSPECTFULLY REQUESTS AD  MPLETE AND ACCURATE TA	If thing the names and EINs  12/31, 20  Final return  DITIONAL TIME TAX RETURN.	13 20			
• The bot Telepl • If the end of this whole grownembers  4 I recommended to the first this whole grownembers  7 Sta GA STA STA STA STA STA STA STA STA STA ST	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place or is for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time calendar year or other tax year begins tax year entered in line 5 is for less than 12.  Change in accounting period the in detail why you need the extension THER INFORMATION NECESSARY TO the payments made Include any prior year overpayments made Include any prior year overpayments.	Fax No. For business in the four digit Group, check for the group, check	ne United States, check this box o Exemption Number (GEN) this box  and attach a list w  , 20 14 , 20 13, and ending creason. Initial return  CSPECTFULLY REQUESTS AD MPLETE AND ACCURATE TA  69, enter the tentative tax, less any	If thin ith the names and EINs  12/31, 20  Final return  DITIONAL TIME TAX RETURN.	13 20			
• The best Teleple If the If this whole grown members 4 I results For 6 If the Telephone Telepho	ooks are in care of DANIEL NADER hone No (918) 698-1226 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time calendar year or other tax year begine tax year entered in line 5 is for less than 12.  Change in accounting period the in detail why you need the extension THER INFORMATION NECESSARY TO also application is for Forms 990-BL, 990-PF, 990-PF	Fax No. For business in the four digit Group, check for the group of the group	ne United States, check this box of Exemption Number (GEN) this box I and attach a list w  10. 14 10. 20. 13, and ending of the state o	If thin the names and EINs  12/31 , 20  Final return  DITIONAL TIME TAX RETURN.  8a \$ ted  8b \$	13 20			

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prenare this form

correct, and complete, and that I am author	orized to prepare this form	
Signature >	Title TRUSTEE	Date ►
BAA	FIFZ0502L 12/31/13	Form 8868 (Rev 1-2014

**2013** `

#### **FEDERAL STATEMENTS**

PAGE 1

NADER FAMILY PRIVATE FOUNDATION

46-7170040

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

BANK CHARGES

		(A) EXPENSES PER BOOKS	]	(B) NET INVESTMENT INCOME	AD NET	(C) JUSTED INCOME	(	(D) CHARITABLE PURPOSES
TOTAL	<u>\$</u> \$	19. 19.	\$	0.	\$	0.	\$	0.