Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 ഹ 3

Open to Public Inspection

	alendar year 2023 or tax year beginning			and e	nding		
lame o	f foundation					A Employer identified	cation number
THE	JOHN E. AND MARGARET L. LA	NE FO	UNDATION			31-1	L531619
lumber	r and street (or P.O. box number if mail is not deliver	ed to stree	et address)	Room/	suite	B Telephone number	er (see instructions)
	S. TEJON STREET, SUITE 200					(719	9)634-5566
ity or t	own, state or province, country, and ZIP or foreign p	ostal code)			C If exemption applicat	
~~-						pending, check here	
	ORADO SPRINGS, CO 80903 eck all that apply: Initial return			f a farmar public a	hority		
J Che	Final return		Amended ret	of a former public o	nanty	 D 1. Foreign organizati 2. Foreign organizati 	
	x Address chang		Name change			85% test, check he	ere and attach
L Che	eck type of organization: X Section 5		5			computation .	••••••
	Section 4947(a)(1) nonexempt charitable trus	· — – – – –	Other taxable pri			E If private foundation	
			ing method: X				(1)(A), check here
	I of year (from Part II, col. (c), line		er (specify)				in a 60-month termination (1)(B), check here
16)			olumn (d), must be or	cash basis)			
,	Analysis of Revenue and Expenses (he					(d) Disbursements
i art	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)		56,228.				
2	Check if the foundation is not required t						
3	Interest on savings and temporary cash investmen						
4	Dividends and interest from securities		710,748.	697,052			
	Gross rents		113,196.	113,190		NONE	
	Net rental income or (loss) 29,15		·				
	Net gain or (loss) from sale of assets not on line 10)	565,451.				
b	Gross sales price for all 2,912,50	6.					
6a b 7	Capital gain net income (from Part IV, line 2	-		565,453			
2 8	Net short-term capital gain	-					
9 10a	Income modifications	-					
b	Less: Cost of goods sold						
c	Gross profit or (loss) (attach schedule)						
11	Other income (attach schedule)		-475,556.	-477,228			STMT 4
12	Total. Add lines 1 through 11	-	970,067.	898,470).	NONE	
n ¹³	Compensation of officers, directors, trustees, etc.		NONE				
	Other employee salaries and wages						
15	Pension plans, employee benefits						
216a	Legal fees (attach schedule) STMT 5		2,053.	97		NONE	1,07
b	a ()	_	91,610.	10,32		NONE	81,28
C	1 ()		219,356.	185,400	· ·		33,95
17			120 040	C 200			
18	Taxes (attach schedule) (see instructions). *		138,846.	6,30			
19	Depreciation (attach schedule) and depletio		31,948.	31,724	±.		
20	Occupancy						
21	Travel, conferences, and meetings						
J 22	Other expenses (attach schedule) STMT 9		60,053.	52,320)		7,73
24	Total operating and administrative expense			52,52			,,,,
5	Add lines 13 through 23.		543,866.	287,063		NONE	124,04
14 15 16 a b c 17 18 19 21 22 23 24 25	Contributions, gifts, grants paid		1,838,794.	.,			1,838,79
26	Total expenses and disbursements. Add lines 24 and		2,382,660.	287,062		NONE	1,962,83
	Subtract line 26 from line 12:						
27	Excess of revenue over expenses and disbursement	ts	-1,412,593.				
				611,409)		
a	Net investment income (if negative, enter -0	-)		011,40.			
a b	Net investment income (if negative, enter -0 Adjusted net income (if negative, enter -0-)	·		011,40		-0-	Form 990-PF (202

V23-7.6F

Fo	rm 990)-PF (2023) THE JOHN E. AND MARGARET L. LAN	E FOUNDATION	31-1531619	Page 2
Ρ	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End	of year
		description column should be for end-of-year - amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,755,864.	1,923,926	. 1,923,926.
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	-	Less: allowance for doubtful accounts			
ts	8	Inventories for sale or use.			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations (attach schedule) **	6,130,341.	9,205,415	. 8,974,886.
		Investments - corporate stock (attach schedule) STMT 11	9,363,456.	7,336,949	
		Investments - corporate bonds (attach schedule)	2,000,100.	.,,.	
	11	Investments - land, buildings, 1 478 840			STMT 12
		Less: accumulated depreciation 105 696	1,404,868.	1,373,144	
	40		1,101,0001	1,3,3,111	
	12 13	Investments - mortgage loans . Investments - other (attach schedule)	16,189,691.	16,127,814	. 30,561,871.
	14	Land, buildings, and	10,100,001.	10,127,011	STMT 14
		Less: accumulated depreciation 4 695	336.	112	
	15	(attach schedule) 4,005. Other assets (describe STMT 15)	8,933,758.	7,098,999	
	16	Total assets (to be completed by all filers - see the	0,00,700.	1,000,000	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10	instructions. Also, see page 1, item I)	43,778,314.	43,066,359	. 58,106,636.
_	17	Accounts payable and accrued expenses	NONE	NON	
			NONE	NON	
Liabilities	18 19	Grants payable	INGINE	1010	
ilit					
iab	20 21	Loans from officers, directors, trustees, and other disqualified persons. Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describeSTMT 16)	13,226.	14,936	
	23	Total liabilities (add lines 17 through 22)	13,226.	14,936	
s		Foundations that follow FASB ASC 958, check here and	13,220.	11,550	•
ICe		complete lines 24, 25, 29, and 30			
lan	24	Net assets without donor restrictions			
Ba	25	Net assets with donor restrictions			
рс		Foundations that do not follow FASB ASC 958, check			
Ш	24 25 26	here and complete lines 26 through 30			
or l	26	Capital stock, trust principal, or current funds			
ts c	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	43,765,088.	43,051,423	
As	29	Total net assets or fund balances (see instructions)	43,765,088.	43,051,423	
et	30	Total liabilities and net assets/fund balances (see			
Z		instructions)	43,778,314.	43,066,359	
Ρ	art I	Analysis of Changes in Net Assets or Fund Bala	nces		
		al net assets or fund balances at beginning of year - Part I		nust agree with	
		-of-year figure reported on prior year's return)			43,765,088.
2		er amount from Part I, line 27a			-1,412,593.
		er increases not included in line 2 (itemize)		3	700,600.
		l lines 1, 2, and 3		4	43,053,095.
5		creases not included in line 2 (itemize) SEE STAT		5	1,672.
6		al net assets or fund balances at end of year (line 4 minus		o), line 29 6	43,051,423.
			````````````````````````````````		Form <b>990-PF</b> (2023)

_		HN E. AND MARGARET L. L			1619	Page 3
Par	(a) List and de	s and Losses for Tax on Inver- escribe the kind(s) of property sold (for e prick warehouse; or common stock, 200	example, real estate,	<b>(b)</b> How acquired P - Purchase D - Donation	<b>(c)</b> Date acquire (mo., day, yr.)	
1 a	SEE PART IV SCHE	DULE				
b						
C						
d						
e		1	1			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense			Gain or (loss) lus (f) minus (g))
a						
b						
C						
d						
e						
	Complete only for assets s	showing gain in column (h) and owned				(Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),		( )/	t not less than -0-) <b>or</b> es (from col. (h))
a						
b						
C						
d						
e						
2	Capital gain net income	or (not capital loss)	ain, also enter in Pa			
			oss), enter -0- in Par	t I, line 7 🛛 ∫	2	565,451.
3		gain or (loss) as defined in sections	., .,	)		
		Part I, line 8, column (c). See ins	. ,	()		
	Part I, line 8			<u> </u>	3	
Par		sed on Investment Income (S				uctions)
1a		ons described in section 4940(d)(2), ch				
		letter: (attach				8,499.
b		dations enter 1.39% (0.0139) of lir			s, [ ]	
_		ne 12, col. (b)				
2		lomestic section 4947(a)(1) trusts and	taxable foundations	only; others, ente		0 400
3					er -0-) 4	<u>8,499.</u>
4		domestic section 4947(a)(1) trusts and				<u>NONE</u> 8,499.
5		income. Subtract line 4 from line 3. If ze	ero or less, enter -U-		5	0,499.
6	Credits/Payments:		2023 6a	24	000.	
a L	1,3	ents and 2022 overpayment credited to			NONE	
b		ons - tax withheld at source	•••••		NONE	
C		or extension of time to file (Form 8868)			NONE	
d -		eously withheld			7	34,000.
7		s. Add lines 6a through 6d				94.
8		rpayment of estimated tax. Check here s 5 and 8 is more than line 7, enter <b>amo</b>				
9 10		nore than the total of lines 5 and 8, enter				25,407.
11		0 to be: Credited to 2024 estimated ta		,407. Refun		
			23	,	••	

Part VI-A	State	mon	te Doo	ord	ina A	otivitios					
Form 990-PF (2	023)	THE	JOHN	Ε.	AND	MARGARET	L.	LANE	FOUNDATION	31-	1531619

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Par	t VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			37
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	x	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5	A	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
6	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	<ul> <li>Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> </ul>			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	CO,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
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			37
4.0	person had advisory privileges? If "Yes," attach statement. See instructions	12	x	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.LANEFOUNDATION.ORG	13	Λ	L
14	Website address         WWW.LANEFOUNDATION.ORG           The books are in care of         SHARON REGIER         Telephone no.         719-93	0-59	30	
14	Located at 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO ZIP+4 80903			
15				$\square$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Form 990-PF (2023)	THE JOHN	E. AND	MARGARET	L. LANE	FOUNDATION	N 31-1531619
Part VI-B Stat	ements Re	garding /	Activities for	^r Which Fo	orm 4720 May	Be Required

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
person?	1a(2)		х
<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li></ul>	1a(3)		X
<ul><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	1a(3)		X
	τα(+)		21
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or	10(5)		Х
use of a disqualified person)?	1a(5)		Λ
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
agreed to make a grant to or to employ the official for a period after termination of government service, if	1 (0)		37
terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
were not corrected before the first day of the tax year beginning in 2023?	1d		Х
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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
tax year(s) beginning before 2023? If "Yes," list the years	2a		Х
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
all years listed, answer "No" and attach statement - see instructions.)	2b		
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?	3a	Х	
b If "Yes," did it have excess business holdings in 2023 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 Form 4720, Schedule C, to determine if the			
foundation had excess business holdings in 2023.)	3b		Х
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
purposes?	4a		х
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	Tu		
its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
			х
in 2023? • • • • • • • • • • • • • • • • • • •	4b		

Form 9	990-PF (2023) THE JOHN E. AND MARGARET L. LANE FOUNDATION 31-1531619		F	-age <b>6</b>
Par	t VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)		-	
5a	During the year, did the foundation pay or incur any amount to:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or			
	indirectly, any voter registration drive?	5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		Х
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)			
	(4)(A)? See instructions	5a(4)		Х
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
	the prevention of cruelty to children or animals?	5a(5)		Х
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		Х
с	Organizations relying on a current notice regarding disaster assistance, check here			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it			
	maintained expenditure responsibility for the grant?	5d		Х
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	6a		Х
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		Х
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		Х
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	8		Х
Pa	t VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employe	es, a	nd	

Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.								
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
SEE STATEMENT 19								
		NONE	NONE	NONE				

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

(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 .				NONE

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ Contractors (continued)	yees, and
3 Five	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
SEE STA	ATEMENT 22	161,000
Fotal num	ber of others receiving over \$50,000 for professional services	NONE
Part VIII		
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
4		
Part VIII	-B Summary of Program-Related Investments (see instructions)	
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE		
2		
	program-related investments. See instructions.	
3 NONE		
Total. Add	d lines 1 through 3	
		Form <b>990-PF</b> (2023

THE JOHN E. AND MARGARET L. LANE FOUNDATION

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Par	<b>t IX</b> Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	14,905,036.
b	Average of monthly cash balances	1b	1,739,430.
С	Fair market value of all other assets (see instructions)	1c	37,072,148.
	Total (add lines 1a, b, and c)	1d	53,716,614.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) SEE STATEMENT 23 1, 203, 213.		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	53,716,614.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	805,749.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	52,910,865.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,645,543.
Par	<b>t X</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.)	g four	idations
1	Minimum investment return from Part IX, line 6	1	2,645,543.
2a	Tax on investment income for 2023 from Part V, line 5 2a 8,499.		
	Income tax for 2023. (This does not include the tax from Part V.) 2b		
с	Add lines 2a and 2b	2c	8,499.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,637,044.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,637,044.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	2,637,044.
Par	t XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,962,837.
b	Program-related investments - total from Part VIII-B.	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,962,837.
			Form <b>990-PF</b> (2023)

### Form 990-PF (2023) THE JOHN E. AND MARGARET L. LANE FOUNDATION 31-1531619

Part XII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2022	<b>(c)</b> 2022	<b>(d)</b> 2023
1 Distributable amount for 2023 from Part X, line 7				2,637,044.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			12,118.	
<b>b</b> Total for prior years: 20_21_,20_20_,20_19_		NONE		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
<b>b</b> From 2019				
<b>c</b> From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
4 Qualifying distributions for 2023 from Part XI,				
line 4: \$ <u>1,962,837</u> .			10 110	
a Applied to 2022, but not more than line 2a			12,118.	
<ul> <li>b Applied to undistributed income of prior years (Election required - see instructions)</li> </ul>				
<ul> <li>c Treated as distributions out of corpus (Election required - see instructions)</li> </ul>				
d Applied to 2023 distributable amount				1,950,719.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<ul> <li>6 Enter the net total of each column as indicated below:</li> </ul>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
<b>b</b> Prior years' undistributed income. Subtract		NONE		
line 4b from line 2b c Enter the amount of prior years' undistributed		INCINE		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		NONE		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2023. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2024.				686,325.
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2018 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	NONE			
<b>10</b> Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023 NONE				

Form	n 990-PF (2023) THE J	OHN E. AND MARC	GARET L. LANE F	OUNDATION 31	-1531619	Page <b>10</b>
Pa	rt XIII Private Ope	erating Foundations	s (see instructions a	nd Part VI-A, questic	on 9)	NOT APPLICABLE
1 a	If the foundation has r	eceived a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	is effective for 2023, e	nter the date of the ruling			
b	Check box to indicate w	hether the foundation	is a private operating	foundation described in	section 4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		<u></u>
	justed net income from Part	<b>(a)</b> 2023	<b>(b)</b> 2022	(c) 2021	(d) 2020	(e) Total
	I or the minimum investment					
	return from Part IX for each year listed					
b	85% (0.85) of line 2a					
	Qualifying distributions from Part					
Ŭ	XI, line 4, for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
-	alternative test relied upon: "Assets" alternative test - enter:					
a	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part IX,					
c	line 6, for each year listed "Support" alternative test - enter:					
Ũ	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii) (3) Largest amount of sup-					
	port from an exempt					
	organization					
_	(4) Gross investment income			1		

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

Check here  $\underline{x}$  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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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

**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:

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Grants and Contributions Paid Dur Recipient Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year				
SEE STATEMENT 24				1,838,794
				1 000 004
	<u></u>	<u></u>		1,838,794
Approved for future payment				
Total	1	1	1	

Dort VV A	Analysi	s of Inco	omo-Dro	ducing Activ	itio	c		
orm 990-PF (2023)	THE	JOHN	E. AND	MARGARET	L.	LANE	FOUNDATION	31-1531619

	011010	ated business income	Excluded by	/ section 512, 513, or 514	(e) Related or every
Program service revenue:	<b>(a)</b> Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exemp function income (See instructions.
a					, , , , , , , , , , , , , , , , , , ,
b					
c					
d					
e					
F					
g Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments -					
Dividends and interest from securities			14	710,748.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property			16		
ther investment income					
ain or (loss) from sales of assets other than inventory			18	565,451.	
et income or (loss) from special events					
bross profit or (loss) from sales of inventory					
Other revenue: a					
SEE STATEMENT 35					
•					
Subtotal. Add columns (b), (d), and (e)		103,018.		697,625.	
rt XV-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
rt XV-B         Relationship of Activities           ne No.         Explain below how each activity for of the foundation's exempt purpose	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplish
e No. Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplisi
e No. Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplisi
e No. Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplish
Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplis
e No. Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplisi
e No. Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part	XV-A contributed important	y to the accomplis
Explain below how each activity for	or which inc	ome is reported in colum	n (e) of Part i	XV-A contributed important	y to the accomplisi
Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
e No. Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
• No. Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplisi
Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis
e No. Explain below how each activity for	or which inc	ome is reported in colum n by providing funds for su	n (e) of Part i	XV-A contributed important	y to the accomplis

Form 990-PF (2023) THE JOHN E. AND MARGARET L. LAN	NE FOUNDATION 31-1531619
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in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?     a Transfers from the reporting foundation to a noncharitable exempt organization of:     (1) Cash	Form 990 Part )		, -	n Regarding	MARGARET I Transfers to				31-1531 Relationship		Noncha	ritable		_{ge} 13 empt
(1) Cash       Ia(1)       X         (2) Other transactions:       Ia(2)       X         (1) Sales of assets to a noncharitable exempt organization       Ia(2)       X         (2) Purchases of assets from a noncharitable exempt organization       Ia(2)       X         (3) Rental of facilities, equipment, or other assets.       Ib(3)       X         (4) Reimbursement arrangements       Ib(3)       X         (5) Decises of loan guarantees.       Ib(4)       X         (6) Performance of services or membership or fundratising solicitations       Ib(4)       X         (a) Brain of facilities, equipment, maling lists, other assets, or paid employees.       Ia(1)       X         (a) If the assets, our sharing arrangement, show in column (a) the value of the goods, other assets, or services receive       (a) Description of translers, itemacione, and sharing arrangement, show in column (a) the value of the goods, other assets, or services receive         (a) Line re.       (b) Amount indoted       (b) Name of noncharitable exempt organization       (d) Description of translers, itemacione, and sharing arrangements         (a) Line re.       (b) Amount indoted       (e) Name of noncharitable exempt organization       (d) Description of translers, itemacione, and sharing arrangements         (b) Line re.       (b) Amount indoted section 501(c)(3) or in section 527?       (c) Description of relationatice         (c) Mame o	in	sec	e organization c tion 501(c) (c	directly or indir									Yes	No
(2) Other assets	a Ti	ransfe	ers from the rep	porting foundat	ion to a noncha	ritable exem	ot organiza	ition o	f:					
b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets to a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Loans or loan guarantees. (7) Purchamace of services or membership or fundraising solicitations. (7) Purchamace of services or membership or fundraising solicitations. (7) Purchamace of services or membership or fundraising solicitations. (7) Perchamace of services or membership or fundraising solicitations. (7) Purchamace of services or membership or fundraising solicitations. (8) Perdonace of services or membership or fundraising solicitations. (9) Lie no. (9) Amount involved (9) Amount involved (9) The property of an anticol and anticol and anticol and anticol anticol and anticol antito antito anticol anticol anticol	(1	) Cas	sh									1a(1)		Х
(1) Sales of assets to a noncharitable exempt organization.       10(1)       X         (2) Purchases of assets from a noncharitable exempt organization.       10(2)       X         (3) Rental of facilities, equipment, or other assets.       10(2)       X         (4) Reimbursement arrangements       10(2)       X         (5) Loans or loan guarantees.       10(3)       X         (6) Performance of services or membership or fundraising solicitations       10(3)       X         (6) Performance of services or membership or fundraising solicitations       10(3)       X         (6) Performance of services or membership or fundraising solicitations       10(3)       X         (6) Performance of services or membership or fundraising solicitations       10(3)       X         (6) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of transfers, transactions, and sharing arrangements         (6) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of transfers, transactions, and sharing arrangements         (7) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of transfers, transactions, and sharing arrangements         (7) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of relationable	(2	2) Oth	er assets									1a(2)		X
(2) Purchases of assets from a noncharitable exempt organization.       Image: Description of settings, equipment, or other assets.         (3) Rental of facilities, equipment, or other assets.       Image: Description of settings, equipment, and the assets.       Image: Description of settings, equipment, and the above is "Ves," complete the following schedule.       Image: Description of transfers, transactions, and sharing arrangements.         (4) Reinford facilities, equipment, mailing lists, other assets, or paid employees.       Image: Description of transfers, transactions, and sharing arrangements, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mark value in any transaction or sharing arrangements, show in column (d) the value of the goods, other assets, or services receives receives (e) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Anount involved       (c) Name of noncharitable exempt organization.       (d) Description of transfers, transactions and sharing arrangements.         (a) Line no.       (b) Anount involved       (c) Name of noncharitable exempt organization.       (d) Description of relationship         (a) Line no.       (e) Name of organization       (f) Type of organization       (e) Description of relationship         (b) If "Yes," complete the following schedule.       (f) Type of organization       (f) Description of relationship         (g) Name of organization       (h) Type of organization       (c) Description of relationship         (g)	bО	ther t	ransactions:											
(a) Rental of facilities, equipment, or other assets.       16(3)       X         (b) Reimbursement arrangements.       16(4)       X         (c) Dans or loan guarantees       16(5)       X         (d) Performance of services or membership or fundraising solicitations       16(6)       X         (e) Performance of services or membership or fundraising solicitations       16(6)       X         (e) Performance of services or membership or fundraising solicitations       16(6)       X         (e) Charma of facilities, equipment, mailing lists, other assets, or services receive is the reporting foundation. If the foundation receive less than fair mark value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services receive (e) Line no.       (e) Name of noncharitable exempt organization       (d) Description of transfer, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (d) Description of transfer, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (d) Description of transfer, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (d) Description of relationship         (b) Line no.       (b) Amount involved       (e) Name of organization       (f) Type of organization	-	-										1b(1)		X
(4) Reimbursement arrangements       16/40       x         (5) Loans or loan guarantees       16/60       x         (6) Performance of services or membership or fundraising solicitations       15/60       x         (6) Performance of services or membership or fundraising solicitations       15/60       x         (7) Enformance of services or membership or fundraising solicitations       15/60       x         (8) Line no       (9) Amount involved       (9) Name of noncharitable exempt organization       (4) Description of transfer, transactions, and sharing arrangements.         (9) Line no       (9) Amount involved       (9) Name of noncharitable exempt organization       (4) Description of transfer, transactions, and sharing arrangements.         (9) Line no       (9) Amount involved       (9) Name of noncharitable exempt organization       (4) Description of transfer, transactions, and sharing arrangements.         (9) Line no       (9) Amount involved       (9) Name of noncharitable exempt organization       (4) Description of transfer, transactions, and sharing arrangements.         (10) Line no       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of materia, transactions, and sharing arrangements.         (9) Line no       (10) Amount involved       (9) Transfer, transactions, and sharing arrangements.       (10) Constructions, and sharing arrangements.         (9) Line no       (10) Amount in	-	-				-								<u>X</u>
(6) Loans or loan guarantees.       19(6)         (7) Performance of services or membership or fundraising solicitations.       19(6)         (8) Performance of services or membership or fundraising solicitations.       16(6)         (9) Loans or loan guarantees.       16(6)         (9) Loans or loan guarantees.       16(6)         (9) Loans or loan guarantees.       16(7)         (9) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of transfers. transactions, and sharing arrangements.         (9) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of transfers. transactions, and sharing arrangements.         (9) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of readients. Transactions, and sharing arrangements.         (9) Line no.       (9) Amount involved       (9) Name of noncharitable exempt organization       (9) Description of readients.         (9) Line no.       (10) Conter than section 501(c)(3)) or in section 527?       (10) Yees (X) Name	-													X
(6) Performance of services or membership or fundraising solicitations       11/15/2024         (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees       11/15/2024         (d) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair mark value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mark value of the goods, other assets, or services received.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangement. Signature of organization         (c) Line no.       (b) Amount involved       (c) Name of organization       (b) Type of organization       (c) Description of transfers, transactions, and sharing arrangement, and the the best of		-		-										
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	•		•											X
d If the answer to any of the above is "Yes," complete the following schedule. Column (d) should always show the fair mark value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mark value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (e) Line no.         (e) Line no.       (e) Amount involved       (e) Name of noncharitable exempt organization       (g) Description of transfers, transactions, and sharing arrangements.         (e) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (g) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (g) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (e) Name of noncharitable exempt organization       (g) Description of transfers, transactions, and sharing arrangements.         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organizations described in section 501(c) (other than section 501(c)(3) or in section 5277       (c) Name of arganization description of relationship         (a) Name of arganization       (b) Type of organization       (c) Description of relationship       (c) Name of arganization degrees (other than section 501(c)(3) or in section 5277       (c) Description of relationship         (b) Type of organization       (b) Type of organization       (c) Description of	-	-			-	-								X
value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mark value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services receive (e) Line no. (e) Amount involved (e) Name of noncharitable exempt organization (f) Description of transfers, transactions, and sharing arrangements         (a) Line no.       (b) Amount involved (e) Name of noncharitable exempt organization (f) Description of transfers, transactions, and sharing arrangements         (a) Line no.       (b) Amount involved (c) Name of noncharitable exempt organization         (c) Line no.       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions         (c) Line no.       (c) Description of transfers, transactions         (c) Line no.       (c) Description of relationship         (c) Description of relationship       (c) Description of relationship         (c) Name of organization       (b) Type of organization         (c) Marke of organization of prepare (bet that tapset) is beed on all information of which prepare that any knowledge.         (c) Under penalitis of prepare that is the exempted this retu		-	-		-	-							air m	
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services receive         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements         (a) Line no.       (b) Amount involved       (c) Name of noncharitable exempt organization       (d) Description of transfers, transactions, and sharing arrangements         (a) Line no.       (c) Description of transfers, transactions, and sharing arrangements       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions, and sharing arrangements       (c) Description of transfers, transactions, and sharing arrangements         (c) Line no.       (c) Description of transfers, transactions       (c) Description of transfers, transactions         (c) Line no.       (c) Other than section 501(c)(3) or in section 527?       (c) Description of relationship         (d) Name of organization       (b) Type of organization       (c) Description of relationship         (d) Name of organization       (b) Type of organization       (c) Description of relationship         (d) Name of organization       (b) Type of organization       (c) Description of relationship														
Za       Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (ather than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?       Yes X N         b If "Yes," complete the following schedule.       (a) Name of organization       (b) Type of organization       (c) Description of relationship         (a) Name of organization       (b) Type of organization       (c) Description of relationship         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below.         Sign Here       Signature of officer or trustee       Date       CHAIRMAN         Print/Type preparer's name       Deparer's signature       Date       Check if self-employed       PTIN po0841439         Preparer       Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84-1509584         Vise Only       Firm's address       102 N. CASCADE AVENUE, SUITE 400       Firm's EIN       84-1509584	(a) Line	no.	(b) Amount involv	ved (c) Na	me of noncharitable	exempt organiza	ation	<b>(d)</b> De	escription of transfe	ers, transac	tions, and sha	ring arra	ngeme	nts
described in section 501(c) (other than section 501(c)(3)) or in section 527?       Yes X N         b If "Yes," complete the following schedule.       (a) Name of organization       (b) Type of organization       (c) Description of relationship         (a) Name of organization       (b) Type of organization       (c) Description of relationship         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below.         Sign Here       Print/Type preparer's name       CHAIRMAN       May the IRS discuss this return with the preparer signature         Paid       Print/Type preparer's name       Date       Date       Check if self-employed       PTIN p00841439         Preparer       Use Only       Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84-1509584														
described in section 501(c) (other than section 501(c)(3)) or in section 527?       Yes X N         b If "Yes," complete the following schedule.       (a) Name of organization       (b) Type of organization       (c) Description of relationship         (a) Name of organization       (b) Type of organization       (c) Description of relationship         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below.         Sign Here       Print/Type preparer's name       CHAIRMAN       May the IRS discuss this return with the preparer signature         Paid       Print/Type preparer's name       Date       Date       Check if self-employed       PTIN p00841439         Preparer       Use Only       Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84-1509584														
described in section 501(c) (other than section 501(c)(3)) or in section 527?       Yes X N         b If "Yes," complete the following schedule.       (a) Name of organization       (b) Type of organization       (c) Description of relationship         (a) Name of organization       (b) Type of organization       (c) Description of relationship         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below.         Sign Here       Print/Type preparer's name       CHAIRMAN       May the IRS discuss this return with the preparer signature         Paid       Print/Type preparer's name       Date       Date       Check if self-employed       PTIN p00841439         Preparer       Use Only       Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84-1509584														
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Sign Here       correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below. See instructions. X Yes         Signature of officer or trustee       Date       CHAIRMAN Title       May the IRS discuss this return with the preparer shown below. See instructions. X Yes         Paid Preparer       Print/Type preparer's name       Peparer's signature       Date       Check if 11/15/2024       PTIN         PoREEN B MERZ       Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84–1509584         Use Only       Firm's address       102 N. CASCADE AVENUE, SUITE 400       Firm's content of the formation of the form			(a) Name or orga							J Descript				
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Sign Here       CHAIRMAN         Signature of officer or trustee       Date         Paid       Print/Type preparer's name         Preparer       DREEN B MERZ         Firm's name       STOCKMAN KAST RYAN & CO, LLP         Firm's address       102 N. CASCADE AVENUE, SUITE 400		Unde	er penalties of perjury	, I declare that I ha	ve examined this retur	n, including accor	npanying sched	dules an	nd statements, and to	o the best	of my knowledg	ge and b	elief, it	is true,
Here       CHAIRMAN         Signature of officer or trustee       Date         Paid       Print/Type preparer's name         Preparer       DREEN B MERZ         Firm's name       STOCKMAN KAST RYAN & CO, LLP         Firm's address       102 N. CASCADE AVENUE, SUITE 400	<u>.</u>	corre	ct, and complete. Decl	aration of preparer (ot	her than taxpayer) is bas	sed on all informati	on of which pre	eparer ha	as any knowledge.					
Here     Signature of officer or trustee     Date     Title       Paid     Print/Type preparer's name     Peeparer's signature     Date     Check if     PTIN       DOREEEN B MERZ     POREEN B MERZ     PO0841439     11/15/2024     Self-employed     P00841439       Use Only     Firm's name     STOCKMAN KAST RYAN & CO, LLP     Firm's EIN     84–1509584	-						(	снат	RMAN					
Paid       Print/Type preparer's name       Peparer's signature       Date       Check       if       PTIN         DOREEN B MERZ       DOREEN B MERZ       Date       11/15/2024       Self-employed       P00841439         Firm's name       STOCKMAN KAST RYAN & CO, LLP       Firm's EIN       84–1509584         Use Only       Firm's address       102 N. CASCADE AVENUE, SUITE 400       Firm's EIN       84–1509584	Here	Sign	ature of officer or tr	rustee	I Dat	te							л Г	No
Paid     DOREEN B MERZ     DORE B MERZ     DORE S ME					20.							22		
Paid     DOREEN B MERZ     DORE B MERZ     DORE S ME			Print/Type prepar	er's name	Prepare	r's signature 🎧	100		Date	Ch	eck if f	PTIN		
Preparer         Firm's name         STOCKMAN KAST RYAN & CO, LLP         Firm's EIN         84-1509584           Use Only         Firm's address         102 N. CASCADE AVENUE, SUITE 400         Firm's EIN         84-1509584			DOREEN B M	ERZ	$\omega$	unt	> 1110	M)	11/15/2	-		20084	143	9
Use Only Firm's address 102 N. CASCADE AVENUE, SUITE 400	Prepa	rer			KAST RYAN	& CO, LLF	)	-7	)					
	Use C	nly						$\sim$						
								3		Phone no.	719-63	<u> 80-1</u> 1	86	

## FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property		Desc	P or D	Date	Date sold		
Gross sale price less	Depreciation allowed/	Cost or FMV Adj. basis Excess of other as of as of FMV over					Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis		(loss)	
		SHORT TERM C	CAPITAL GAIN	I/LOSS			VAR	VAR
161,287.		173,366.					-12,164.	
		LONG TERM CA	APITAL GAIN/	LOSS			VAR	VAR
1,905,634.		1,936,326.					-30,987.	
		PASSTHROUGH	SHORT TERM	GAIN/LOSS			VAR	VAR
15,181.							15,181.	
		PASSTHROUGH	LONG TERM C	GAIN/LOSS			VAR	VAR
293,572.							293,572.	
		AG DIRECT LE PROPERTY TYP		I - DISPOSA	l on k	D	VAR	VAR
87,938.							87,938.	
		PRECIOUS COI PROPERTY TYP		SS		P	VAR	VAR
319,365.		252,163.					67,202.	
		CAPITAL GAIN	I DISTRIBUTI	ONS			VAR	VAR
13,637.							13,637.	
		IOF INVESTME	INT SETTLEME	ENT GAIN/LOS	S	P	VAR	VAR
131,072.							131,072.	
TOTAL GAIN(L	oss)						 565,451. ======	
JSA								

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

THE JOHN E. AND MARGAN	ετι. ι. ανε εωινόδατιον	31-1531619
Organization type (check one):		51 1551017
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 four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

	organization THE JOHN E. AND MARGARET L. LANE	FOUNDATION	Employer identification number 31–1531619
Part I	Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$56,228.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Zation THE JOHN E AND MARCARET I. LANE FOINT		loyer identification number 31-1531619
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	e) (d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given     FMV (or estimate (See instructions)       (b)     \$

Schedule B (Form 990) (2023)

JSA

Schedule B (Form 990) (2023)

Name of or	ganization			Employer identification number				
	THE JOHN E. AND MARGA			31-1531619				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one ons completing Part III, e year. (Enter this infor	e contributor. Con enter the total of e	nplete columns (a) through (e) and exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer c and ZIP + 4	-	of transferor to transferee				
(a) No. from	(b) Burness of sitt		.:64	(d) Deparintion of how sift is hold				
Part I	(b) Purpose of gift	(c) Use of <u>c</u>	jirt	(d) Description of how gift is held				
			_					
	Transferee's name, address, a	(e) Transfer c and ZIP + 4	-	of transferor to transferee				
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held				
	(e) Transfer of gift							
				of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee				
JSA				Schedule B (Form 990) (2023)				

Schedule B (Form 990) (2023)

27

## **RENT AND ROYALTY INCOME**

Identifying Number	
31-1531619	

	0.0111.0	<u></u> .	1 71 1	1 14
DESCRIPT	ION OF PR	OPER	TY	

THE JOHN E. AND MARGARET L. LANE FOUNDATION

Taxpayer's Name

9 S WEBER STREET, COLORADO SPRINGS, CO 80903

Yes No Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:		
REAL RENTAL INCOME	113,196.	
OTHER INCOME:		
TOTAL GROSS INCOME		113,196.
OTHER EXPENSES:		
CLEANING	700.	
COMMISSIONS	1,620.	
INSURANCE	2,796.	
MANAGEMENT FEES	13,200.	
REPAIRS	11,836.	
SUPPLIES	420.	
TAXES	11,681.	
UTILITIES	2,943.	
OTHER EXPENSES	7,124.	
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		84,044.
TOTAL RENT OR ROYALTY INCOME (LOSS)	<u> </u>	29,152.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		29,152.
Deductible Rental Loss (if Applicable)		

### SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									31,724.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

### OTHER DEDUCTIONS

ALARM/SECURITY	1,295.
DUES & SUBSCRIPTIONS	10.
TRASH SERVICE	1,783.
MISC EXPENSES	1,275.
SNOW REMOVAL	2,761.
	7,124.
	==========

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME 
9 S WEBER STREET, CO	113,196.	31,724.	52,320.	29,152.
TOTALS	113,196. ======	31,724. ========	52,320. =======	29,152. =======

# FORM 990PF, PART I - OTHER INCOME

		REVENUE	
		AND	NET
		EXPENSES	INVESTMENT
DESCRIPTION		PER BOOKS	INCOME
PASSTHROUGH - OTHER INCOME		-488,823.	-490,495.
MISCELLANEOUS INCOME		13,267.	13,267.
	TOTALS	-475,556.	-477,228.
		=============	=============

## FORM 990PF, PART I - LEGAL FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
LEGAL FEES		2,053.	978.		1,075.
	TOTALS	2,053.	978.	NONE	1,075.

# FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING FEES		91,610.	10,325.		81,285.
	TOTALS	91,610.	10,325.	NONE	81,285.

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

#### 

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
INVESTMENT/ADVISORY FEES CCFO FEES CONSULTING FEES	53,106. 161,000. 5,250.	53,106. 128,800. 3,500.		32,200. 1,750.
TOTALS	219,356. =======	185,406. =======		33,950.

## FORM 990PF, PART I - TAXES

_____

	REVENUE				
		AND	NET		
		EXPENSES	INVESTMENT		
DESCRIPTION		PER BOOKS	INCOME		
FOREIGN TAXES		6,308.	6,308.		
EXCISE TAX		132,538.			
	TOTALS	138,846.	6,308.		
		================	================		

# FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS		CHARITABLE PURPOSES
RENT AND ROYALTY EXPENSES MISCELLANEOUS EXPENSE INSURANCE SPONSORSHIP		52,320. 12. 2,721. 5,000.	52,320.	12. 2,721. 5,000.
	TOTALS	60,053. ======	52,320.	7,733.

### THE JOHN E. AND MARGARET L. LANE FOUNDATION

31-1531619

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV 
U.S. TREASURY NOTES	6,130,341.	9,205,415.	8,974,886.
US OBLIGATIONS TOTAL	6,130,341.	9,205,415.	8,974,886.

# FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING	ENDING	ENDING
	BOOK VALUE	BOOK VALUE	FMV
MUTUAL FUNDS	4,288,832.	3,030,613.	3,461,844.
ETF'S & CLOSED-END FUNDS	2,868,244.	3,219,810.	3,338,823.
CORPORATE STOCKS	1,022,220.	1,086,526.	1,373,031.
SCHWAB STOCKS FMV	1,184,160.	NONE	NONE
TOTALS	9,363,456.	7,336,949.	8,173,698.

#### INVESTMENTS - LAND, BUILDINGS, EQUIPMENT

#### -----

#### FIXED ASSET DETAIL

#### ACCUMULATED DEPRECIATION DETAIL

	METHOD/	BEGINNING			ENDING	BEGINNING			ENDING
ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
9 S WEBER ST-BLDG	м39	1,237,301.			1,237,301.	62,174.	31,724.		93,898.
9 S WEBER ST-LAND	L	229,741.			229,741.				
FURNITURE	м7	6,828.			6,828.	6,828.			6,828.
PARKING LOT	M15	4,970.			4,970.	4,970.			4,970.
TOTALS		1,478,840.			1,478,840.	73,972.			105,696.

# FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	BEGINNING	ENDING	ENDING
	BOOK VALUE	BOOK VALUE	FMV
PRIVATE EQUITY SECURITIES	3,959,183.	3,959,183.	11,186,971.
PARTNERSHIP INTERESTS	12,230,508.	12,168,631.	19,374,900.
TOTALS	16,189,691.	16,127,814.	30,561,871.

#### LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

#### -----

#### FIXED ASSET DETAIL

#### ACCUMULATED DEPRECIATION DETAIL

	METHOD/	BEGINNING			ENDING	BEGINNING			ENDING
ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
2 LAPTOPS	М5	2,853.			2,853.	2,853.			2,853.
LAPTOP	м5	1,944.			1,944.	1,608.	224.		1,832.
TOTALS		4,797.			4,797.	4,461.			4,685.
						========			

# FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING	ENDING	ENDING
	BOOK VALUE	BOOK VALUE	FMV
ARTWORK	108,800.	108,800.	108,800.
PRECIOUS METALS	252,163.	NONE	NONE
315 COLLECTIVE LLC	3,583,738.	3,001,142.	3,001,142.
315 COLLECTIVE LLC – N/R	3,989,057.	3,989,057.	3,989,057.
LOAN RECEIVABLE – EXP IMPACT	1,000,000.	NONE	NONE
TOTALS	8,933,758.	7,098,999.	7,098,999.

FORM 990PF, PART II - OTHER LIABILITIES		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE

SECURITY DEPOSITS

THE JOHN E. AND MARGARET L. LANE FOUNDATION

13,226. 14,936.

TOTALS

13,226. 14,936.

31-1531619

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

D	E	S	С	R	Ι	Ρ	Т	Ι	0	Ν	
_	_	_	_	_	_	_	_	_	_	_	

AMOUNT

NET CHANGE IN UNREALIZED GAIN/LOSS

700,600.

700,600.

_____

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TOTAL

STATEMENT 17

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES _____

DESCRIPTION	AMOUNT

K-1 BOOK/TAX DIFFERENCE

-		-	-		_	
_	_	_	_	_	_	

TOTAL

1,672. -----1,672. 

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST	
OFFICER NAME: ANITA K. LANE	
ADDRESS: 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO 80903	
TITLE: DIRECTOR	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	1.00
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: PHILIP R LANE	
ADDRESS: 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO 80903	
TITLE: CHAIRMAN AND SECRETARY	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	1.00
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE

STATEMENT 19

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST	
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: DAVID J. LANE	
ADDRESS: 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO 80903	
TITLE: DIRECTOR	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	1.00
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: ERIC RYAN	
ADDRESS: 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO 80903	
TITLE: DIRECTOR AND TREASURER	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	1.00
COMPENSATION	NONE

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTE	
======================================	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: LAURA BLACKBURN	
ADDRESS: 13 S. TEJON STREET, SUITE 200 COLORADO SPRINGS, CO 80903	
TITLE: PROGRAM OFFICER	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	5.00
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
TOTAL COMPENSATION:	NONE
TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES:	NONE

EXPENSE	ACCOUNT	AND	OTHER	ALLOWANCES:	NONE
					=======================================

THE J	OHN	Е.	AND	MARGARET	L.	LANE	FOUNDATION
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990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

#### NAME :

CHERRY CREEK FAMILY OFFICES

#### ADDRESS:

210 UNIVERSITY BLVD #650 DENVER, CO 80206

#### TYPE OF SERVICE: INVESTMENT ADVISOR

COMPENSATION		161,000.
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TOTAL COMPENSATION:

161,000.

STATEMENT 22

FORM 990PF, PART IX, REDUCTION CLAIM FOR BLOCKAGE

DESCRIPTION:

DISCOUNT FOR LACK OF MARKETABILITY - PAX8 STOCK

AMOUNT:

1,203,213.

EXPLANATION:

DISCOUNT FOR LACK OF MARKETABILITY - PAX8 STOCK:

SERIES B PREFERRED STOCK (10%) - \$347,138

SERIES C PREFERRED STOCK (10%) - \$95,556

SERIES D PREFERRED STOCK (10%) - \$177,500

SERIES E PREFERRED STOCK (10%) - \$583,020

TOTAL:

1,203,213.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P.	
RECIPIENT NAME: CHEYENNE MOUNTAIN ZOO ADDRESS: 4250 CHEYENNE MOUNTAIN ZOO RD	
COLORADO SPRINGS, CO 80906 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	600,000.
RECIPIENT NAME: COLORADO SPRINGS FINE ARTS CENTER ADDRESS: 30 W DALE ST.	
COLORADO SPRINGS, CO 80903 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	300,000.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P	
RECIPIENT NAME: UNIVERSITY OF COLORADO, COLORADO SPRINGS ADDRESS: 1420 AUSTIN BLUFFS PKWY	.===
COLORADO SPRINGS, CO 80918 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
SCULPTURE GRANT	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: COLORADO SPRINGS THERAPEUTIC RIDING CENTER ADDRESS: 3254 PASEO RD	
COLORADO SPRINGS, CO 80909 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	7,500.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS F	
RECIPIENT NAME: DOWNTOWN VENTURES ADDRESS: 111 S TEJON ST UNIT 703	
COLORADO SPRINGS, CO 80903 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
ARTS ON THE STREET PROJECT	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: UNIVERSITY OF COLORADO FOUNDATION ADDRESS: 1800 GRANT ST #800	
DENVER, CO 80203 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
EDUCATION GRANTS	
FOUNDATION STATUS OF RECIPIENT:	
PC	

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAI	
RECIPIENT NAME: PIKES PEAK COMMUNITY FOUNDATION ADDRESS: 315 E PIKES PEAK AVE #120	==
COLORADO SPRINGS, CO 80903 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
COUPLES WHO CARE EVENT	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	2,229.
RECIPIENT NAME: PEAK EDUCATION ADDRESS: 1645 S MURRAY BLVD	
COLORADO SPRINGS, CO 80916 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	50,000.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRA	
RECIPIENT NAME: EXPONENTIAL IMPACT ADDRESS: 3650 N NEVADA AVE	
COLORADO SPRINGS, CO 80907 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
SURVIVE AND THRIVE DONATION	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	490,565.
RECIPIENT NAME: CHEYNNE MOUNTAIN PUBLIC BROADCAST HOUSE ADDRESS: 1921 N. WEBER ST.	
COLORADO SPRINGS, CO 80907 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
YOUTH SPOTLIGHT	
FOUNDATION STATUS OF RECIPIENT:	
PC	
	F 000

AMOUNT OF GRANT	PAID	5,000.
		1

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P	
RECIPIENT NAME: NATIONAL MUSEUM OF WWII AVIATION ADDRESS: 775 AVIATION WAY	
COLORADO SPRINGS, CO 80916 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	10,000.
RECIPIENT NAME: PIKES PEAK OUTDOOR RECREATION ALLIANCE ADDRESS: 310 S 14TH ST	
COLORADO SPRINGS, CO 80904 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	10,000.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS F	
RECIPIENT NAME: CASA OF THE PIKES PEAK REGION ADDRESS: 418 S WEBER ST	
COLORADO SPRINGS, CO 80903 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: COLORADO SPRINGS SCHOOL OF TECHNOLOGY ADDRESS: 3650 N NEVADA AVE	
COLORADO SPRINGS, CO 80907 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	25,000.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P	
RECIPIENT NAME: CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO ADDRESS: 2605 PREAMBLE PT	
COLORADO SPRINGS, CO 80915 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	10,000.
RECIPIENT NAME: THE RESOURCE EXCHANGE ADDRESS: 6385 CORPORATE DR STE 100	
COLORADO SPRINGS, CO 80919 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	10,000.

THE JOHN E. AND MARGARET L. LANE FOUNDATION

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GR	
RECIPIENT NAME: READ BETTER BE BETTER ADDRESS: 4730 W CAMPBELL AVE	
PHOENIX, AZ 85031 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	25,00
RECIPIENT NAME: PARENTS CHALLENGE ADDRESS: 2 N CASCADE AVE STE 1280	
COLORADO SPRINGS, CO 80903 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	10,00

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P.	
RECIPIENT NAME: SAINT JOSEPH CATHOLIC CHURCH ADDRESS: 1830 S CORONA AVE	
COLORADO SPRINGS, CO 80905 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	25,000.
RECIPIENT NAME: HILLSIDE CONNECTION ADDRESS: PO BOX 1562	
COLORADO SPRINGS, CO 80901 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL FUND	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	7,500.

THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS P.	AID ===
RECIPIENT NAME: TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUND. ADDRESS: 445 N. FIFTH STREET	
PHOENIX, AZ 85004 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
PANCREATIC CANCER RESEARCH	
FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	200,000.

TOTAL GRANTS PAID:

1,838,794.

#### THE JOHN E. AND MARGARET L. LANE FOUNDATION

# FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

	BUSINESS		EXCLUSION		RELATED OR EXEMPT
DESCRIPTION	CODE	AMOUNT	CODE	AMOUNT	FUNCTION INCOME
PASSTHROUGH - OTHER INCOME MISCELLANEOUS INCOME	523940	103,018.	01 01	-591,841. 13,267.	
TOTALS		103,018.			

## **ESTIMATED TAX WORKSHEET**

	2024 Estimated Tax	Α	
	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2023 FORM 990-T		
	Required Annual Payment (Smaller of lines B or C)	D	
E.	Income tax withheld (if applicable)	E	
F.	Balance (As rounded to the nearest multiple of )	F	2,000.

### **Record of Estimated Tax Payments**

Payment number	(a) Date	(b) Amount	(c) 2023 overpayment	(d) Total amount paid and
			credit applied	credited (add (b) and (c))
1	04/18/2024		5,001.	5,001.
2	06/15/2024		5,001.	5,001.
3	09/15/2024		5,001.	5,001.
4	12/15/2024	2,000.	5,002.	7,002.
Total		2,000.	20,005.	22,005.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form <b>990-T</b>	Exe	empt Orga						Retu	rn		OMB No. 1545-0047
	For calend	(and) lar year 2023 or othe			er section ( , 2023, a	•		, 2	20		2023
Department of the Treasury		-		_	structions and th		_			C	Open to Public Inspection
Internal Revenue Service	Do n	ot enter SSN numbe	•						c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if		Name of organization			e changed and see i						dentification number
address changed.	Г	THE JOHN E.	AND MARG	ARET	L. LANE FOU	JNDAT	'ION		31	-153	1619
B Exempt under section	1 <b>.</b>	Number, street, and									mption number
X 501(C)(3)	or	C/O SHARON H	REGIER 13	S. Т	EJON STREE	r. su	тте 🤉	200	(se	e instruc	ctions)
408(e) 220(e)	I i yhe –	City or town, state of				-		100	1		
408A 530(a)	'I I	COLORADO SPI			0 1				F	Che	ck box if
529(a) 529A	· • • • • •	value of all assets at o					4306	6359.		an a	mended return.
G Check organization f		501(c) corporation		) trust	401(a) trus		Other		Sto		ge/university
G Check organization		6417(d)(1)(A) App		) trust	401(a) tius		JOILIEI		31a		ge/university
H Check if filing only to		Credit from For	,	Rot	und shown on Fo	orm 2/13	0	Elect	tivo nav	monta	mount from Form 3800
$\frac{1}{1}$ Check if a 501(c)(3)				-			-				
J Enter the number of											
K During the tax year,		•	-	-		osidiary	controlle	ea group?	• • • •	• • •	
If "Yes," enter the na			of the parent co	orporation					0.2.0	5000	<u></u>
L The books are in car				<u> </u>				per 719			
											SPRINGS, CO 80903
		ess taxable incor	•					•			161 800
,										1	161,780.
									- H	2	1.61 500
										3	161,780.
		e instructions for li								4	11,727.
		xable income befo	•	0						5	150,053.
		loss. See instruction								6	44,509.
7 Total of unrelat	ted busine	ess taxable incor	me before sp	pecific o	deduction and s	section	199A	deductio	on.		
Subtract line 6 fro	om line 5 .								· ·  _'	7	105,544.
8 Specific deductio	on (generall	ly \$1,000, but see	instructions fo	or exception	ons)				••	В	1,000.
		tion. See instruction								9	
10 Total deductions	. Add lines	8 and 9 • • • •							•• 1	0	1,000.
11 Unrelated busin	ess taxab	le income. Subt	ract line 10	from lin	e 7. If line 10	is gre	eater th	an line	7,		
									1	1	104,544.
Part II Tax Com	-										
•		orporations. Multip			· ,					1	21,954.
2 Trusts taxable	at trust	rates. See instru									
Part I, line 11, fro		Tax rate schedu			D (Form 1041).					2	
-										3	
		ructions								4	
										5	
6 Tax on noncomp	pliant facility	<b>y income.</b> See ins	tructions						•• []	6	
		to line 1 or 2, wh	ichever applies						•••	7	21,954.
Part III Tax an	nd Paym	ents									
1a Foreign tax credit	t (corporati	ons attach Form	1118; trusts att	ach Form	n 1116)	1a					
<b>b</b> Other credits (see		,				1b					
c General business	s credit. Att	ach Form 3800 (se	ee instructions)			1c					
<b>d</b> Credit for prior-ye	ear minimu	m tax (attach Form	n 8801 or 8827	")		1d					
e Total credits. Add	d lines 1a tl	hrough 1d							· · ·	1e	
2 Subtract line 1e f	from Part II,	, line 7							· · ·	2	21,954.
3a Amount due from	n Form 425	5				3a					
<b>b</b> Amount due from	n Form 861 ⁻	1				3b					
c Amount due from						3c					
<b>d</b> Amount due from	n Form 886	6				3d					
e Other amounts d						3e					
f Total amounts du										3f	
		f (see instructions)			ides tax previously				ľ		
section 1294.	Enter tax an	nount here								4	21,954.
5 Current net 965 t	tax liability	naid from Form 06	S5-A Part II co						<u></u> .	5	
For Paperwork Reduct	tion Act No	tice, see instruction	ons.								Form <b>990-T</b> (2023)
^{3X2740} ^{1.00} 2650DF	P091				V23-7.6F						64

Form	990-T (2023)		31-153161	9 F	Page <b>2</b>
Pai	t III Tax and Payments (continued)				
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b 42,500	<u>.</u>		
С	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	Total payments. Add lines 6a through 6j				00.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	X	8	5	<u>41.</u>
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa		10 2	0,0	<u>05.</u>
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	20,005. Refunded	11		
Pai	t IV Statements Regarding Certain Activities and Other Info				
1	At any time during the 2023 calendar year, did the organization have an ir			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If	f "Yes," the organization r	nay have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	s," enter the name of the	foreign country		
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the	e grantor of, or transferor to	o, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4	Enter available pre-2018 NOL carryovers here \$ 44,509. Do not incl	lude any post-2017 NOL carry	over		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	nown here by any deduct	ion reported on		
	Part I, line 6.				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available		rs. Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for	1			
	Business Activity Code	Available post-2017	•		
	531110	<u>\$ 58,832.</u>			
	531110	_\$ <u>291,199.</u>			
		_			
		\$			
-	Reserved for future use				
Pai	t V Supplemental Information				

Provide any additional information. See instructions.

Ciana		er penalties of per f, it is true, correct,											edge and
Sign Here										May the IRS discuss this retu with the preparer shown bel			
	Sign	ature of officer			Date		Title	9		(see in	structions)	? X Yes	No
		Print/Type prepa	rer's name		Prepar	er's signatur	2 ~			Check	if	PTIN	
Paid		DOREEN B	MERZ		NO	un	DI	1 Len	/15/2024	self-emp	ployed	P008414	39
Preparer Use Only		Firm's name	STOCKMA	AN KAST H	RYAN & C	), LLP		(	)	Firm's E	IN 84	4-150958	4
056 01	пу	Firm's address	102 N.	CASCADE	AVENUE,	SUITE	400,	COLORAD	O SPRINGS	Phone n	o.719-	-630-118	6
												Form 990-	<b>T</b> (2023)

THE JOHN E. AND MARGARET L. LANE FOUNDATION 31-153161				
FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL				
CASH CONTRIBUTION CASH C CONTRIBUTION DEDUCTION (CURRENT YEAR)	ONTRIBUTION (ACCRUAL)			
CASH CHARITABLE 1,838,794.				
SUBTOTAL CHARITABLE CONTRIBUTIONS	1,838,794.			
TOTAL CHARITABLE CONTRIBUTIONS	1,838,794.			
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	117,271.			
CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%)	11,727.			
CHARITABLE CONTRIBUTION DEDUCTION	11,727.			

# FORM 990T, PART I, LINE 6 DETAIL

		LOSS AVAILABLE	LOSS CLAIMED
LOSS YEAR ENDING	ORGINAL LOSS	IN CURRENT YEAR	IN CURRENT YEAR
12/31/2003		NONE	NONE
12/31/2004		NONE	NONE
12/31/2005		NONE	NONE
12/31/2006		NONE	NONE
12/31/2007		NONE	NONE
12/31/2008		NONE	NONE
12/31/2009		NONE	NONE
12/31/2010		NONE	NONE
12/31/2011		NONE	NONE
12/31/2012		NONE	NONE
12/31/2013		NONE	NONE
12/31/2014		NONE	NONE
12/31/2015		NONE	NONE
12/31/2016		NONE	NONE
12/31/2017	44,509.	NONE	44,509.

TOTAL:	44,509.	NONE	44,509.
	=========	=========	=========
NET OPERATING LOSS AVAI TAXABLE INCOME (LINE 5 (			NONE 150,053.
NET OPERATING LOSS DEDUC	CTION		44,509.
			=========

STATEMENT

2

SCHEE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023 Open to Public Inspection for

Go to www.irs.gov/Form990T for instructions and the latest information.	
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Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

A Name of the organization	B Employer identification number
THE JOHN E. AND MARGARET L. LANE FOUNDATION	31-1531619
<b>C</b> Unrelated business activity code (see instructions)	D Sequence: 1 of 2

#### E Describe the unrelated trade or business UNRELATED INCOME FROM PARTNERSHIPS

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	220,612.			220,612.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	220,612.			220,612.
Pa			nitations on deduct	ions. Deducti	ons m	lust be
4	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5					5 6	
6 7	Taxes and licenses			31,724.	0	
7 8	Less depreciation claimed in Part III and elsewhere on return			31,724.	8b	
о 9	Depletion.				9	
9 10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
	column (C)				16	220,612.
17	Deduction for net operating loss. See instructions				17	58,832.
18	Unrelated business taxable income. Subtract line 17 from line				18	161,780.
	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2023

Par	Ile A (Form 990-T) 2023				Page <b>2</b>		
_	Ent Cost of Goods Sold Ent	er method of inventory	valuation		1		
1	Inventory at beginning of year			1			
2	Purchases						
3	Cost of labor 3						
4	Additional section 263A costs (attach statement)						
5	Other costs (attach statement)			5			
6	Total. Add lines 1 through 5			6			
7	Inventory at end of year						
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, lir	ne 2				
9	Do the rules of section 263A (with respect to Rent Income (From Real Propert				? Yes No		
1	Description of property (property street address, A B C D Rent received or accrued	city, state, ZIP code). Che	eck if a dual-use. See instr	C	D		
а	From personal property (if the percentage of						
	rent for personal property is more than 10% but not more than 50%)						
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).						
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c, c	olumns A through D. Ei	nter here and on Part I,	line 6, column (A)			
	Deductions directly connected with the income						
4 5	in lines 2a and 2b (attach statement)	D. Enter here and on Pa	rt I, line 6, column (B)				
	Total deductions. Add line 4, columns A through	(see instructions)					
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions)					
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions)					
5	Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C	(see instructions)					
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D	(see instructions)					
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3 a	Total deductions. Add line 4, columns A through         V Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3 a b	Total deductions. Add line 4, columns A through         V Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3 a b	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3 a b c	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.			
5 Part 1 2 3 a b c 4 5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) ress, city, state, ZIP code) A A	B B	e instructions.	D		
5 Part 1 2 3 a b c 4 5 6	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Divide line 4 by line 5	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	D		
5 Part 1 2 3 a b c 4 5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) ress, city, state, ZIP code) A A %	B %	e instructions.	D		
5 Par 1 2 3 a b c 4 5 6 7 8	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Average adjusted basis of or allocable to debt-financed property (attach statement)         Divide line 4 by line 5         Gross income reportable. Multiply line 2 by line 6	(see instructions) ress, city, state, ZIP code) A A %	B %	e instructions.	D		
5 Par 1 2 3 a b c 4 5 6 7	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) ress, city, state, ZIP code) A A y ugh D). Enter here and on	B B Part I, line 7, column (A).	e instructions.	D		
5 Pari 1 2 3 a b c 4 5 6 7 8 9	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Average adjusted basis of or allocable to debt-financed property (attach statement)         Divide line 4 by line 5         Gross income reportable. Multiply line 2 by line 6	(see instructions) ress, city, state, ZIP code) A A y ugh D). Enter here and on mns A through D. Enter	B B B Part I, line 7, column (A).	e instructions.	D		

Sched	ule A (Form 990-T) 2023						Page <b>3</b>
Par	t VI Interest, Ann	uities, Royali	ies, and Rents	s From	<b>Controlled Organ</b>	nizations (see instructions)	
					Exempt Co	ntrolled Organizations	
	1. Name of controlled organization	2. Employer identification number	<ol> <li>Net unrelate income (loss) (see instruction</li> </ol>	)	<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
		•	Nonexe	empt Co	ntrolled Organizatio	ons	
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
	S					-	
Part				)(7), (9) 		ation (see instructions)	
	1. Description of income	2. Am	ount of income		3. Deductions lirectly connected attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
		Enter h line	ounts in column 2. ere and on Part I, 9, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
_	S						
			/ Income, Oth	er Than	Advertising Inco	me (see instructions)	
1	Description of exploite	·					
2						art I, line 10, column (A)	2
3						nter here and on Part I,	
	line 10, column (B)						3
4						ne 2. If a gain, complete	
_	lines 5 through 7						4
5	Gross income from a						5
6	Expenses attributable						6
7						than the amount on line	
	4. Enter here and on F	Part II, line 12					7

Schedule A (Form 990-T) 2023

chedule A (I	Form 990-T) 2023				Page
Part IX	Advertising Income				
A B C	e(s) of periodical(s). Check box if I	eporting two or more periodicals of	on a consolidated bas	is.	
	 nts for each periodical listed above	in the corresponding column			
inter annour	nts for each periodical listed above	A A	В	С	D
2 Gros	s advertising income		_		
	columns A through D. Enter here a				•
		<b></b>	Γ		
3 Direc	t advertising costs by periodical				
a Add o	columns A through D. Enter here a	nd on Part I, line 11, column (B).			•
	rtising gain (loss). Subtract line 3 fi				
	or any column in line 4 showing	•			
•	blete lines 5 through 8. For any co				
	showing a loss or zero, do not co	•			
	5 through 7, and enter -0- on line 8				
	lership costs				
6 Circu	Ilation income	••••			
7 Exces	ss readership costs. If line 6 is le	ss than			
line 5	5, subtract line 6 from line 5. If line	5 is less			
than	line 6, enter -0-				
8 Exces	ss readership costs allowed	as a			
dedu	ction. For each column showing a	gain on			
line 4	, enter the lesser of line 4 or line 7				
<b>a</b> Add	line 8, columns A through D	Enter the greater of the li	ine 8a columns to	otal or -0- here and o	n
	II, line 13				•
Part X	Compensation of Officers	Directors and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	z. The			
				to business	unrelated business
1)				%	
2)				%	
3)				%	
4)				%	
	er here and on Part II, line 1				
Part XI	Supplemental Information	(see instructions)			

#### THE JOHN E. AND MARGARET L. LANE FOUNDATION

31-1531619

SCHEDULE A: UNRELATED INCOME FROM PARTNERSHIPS

#### INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
FROM PASSTHROUGH ENTITIES	67,885.		67,885.
TIMBERRIDGE DEVELOPMENT GROUP	152,727.		152,727.

_____

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

_____

220,612.

SCHEE	DULE A
(Form	990-T)

Department of the Treasury

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

ഹ 72

or instructions and the latest information.	Ope

Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

n to Public Inspection for 501(c)(3) Organizations Only

Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only			
A Name of the organi	zation	B Employer ide	ntification number			
THE JOHN E. AND	MARGARET L. LANE FOUNDATION	31-1531619				
<b>C</b> Unrelated business	activity code (see instructions)	D Sequence:	2 of 2			

E Describe the unrelated trade or business THOR 840 WEST END AVENUE INVESTORS I LLC

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	-117,594.			-117,594.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-117,594.			-117,594.
Pa			nitations on deduct	ions. Deduct	ions m	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6 7					6	
7 8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return .				8b	
о 9	Depletion.				9	
9 10	Contributions to deferred compensation plans				9 10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction.					
	column (C)				16	-117,594.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 1				18	-117,594.
						A (Form 990-T) 2023

Par	Ile A (Form 990-T) 2023				Page <b>2</b>
_	Ent Cost of Goods Sold Ent	er method of inventory	valuation		1
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, lir	ne 2		
9	Do the rules of section 263A (with respect to Rent Income (From Real Propert				? Yes No
1	Description of property (property street address, A B C D Rent received or accrued	city, state, ZIP code). Che	eck if a dual-use. See instr	C	D
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, c	olumns A through D. Ei	nter here and on Part I,	line 6, column (A)	
	Deductions directly connected with the income				
4 5	in lines 2a and 2b (attach statement)	D. Enter here and on Pa	rt I, line 6, column (B)		
	Total deductions. Add line 4, columns A through	(see instructions)			
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions)			
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions)			
5	Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C	(see instructions)			
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D	(see instructions)			
5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3 a	Total deductions. Add line 4, columns A through         V Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns A through         V Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	
5 Part 1 2 3 a b c 4 5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) ress, city, state, ZIP code) A A	B B	e instructions.	D
5 Part 1 2 3 a b c 4 5 6	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Divide line 4 by line 5	(see instructions) Iress, city, state, ZIP code)	). Check if a dual-use. See	e instructions.	D
5 Part 1 2 3 a b c 4 5	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	(see instructions) ress, city, state, ZIP code) A A %	B %	e instructions.	D
5 Par 1 2 3 a b c 4 5 6 7 8	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Average adjusted basis of or allocable to debt-financed property (attach statement)         Divide line 4 by line 5         Gross income reportable. Multiply line 2 by line 6	(see instructions) ress, city, state, ZIP code) A A %	B %	e instructions.	D
5 Par 1 2 3 a b c 4 5 6 7	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A	(see instructions) ress, city, state, ZIP code) A A y ugh D). Enter here and on	B B Part I, line 7, column (A).	e instructions.	D
5 Pari 1 2 3 a b c 4 5 6 7 8 9	Total deductions. Add line 4, columns A through         V       Unrelated Debt-Financed Income         Description of debt-financed property (street add         A         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement).         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Average adjusted basis of or allocable to debt-financed property (attach statement)         Divide line 4 by line 5         Gross income reportable. Multiply line 2 by line 6	(see instructions) ress, city, state, ZIP code) A A y ugh D). Enter here and on mns A through D. Enter	B B B Part I, line 7, column (A).	e instructions.	D

Sched	ule A (Form 990-T) 2023						Page <b>3</b>		
Par	t VI Interest, Ann	uities, Royali	ies, and Rents	s From	<b>Controlled Organ</b>	nizations (see instructions)			
					Exempt Co	ntrolled Organizations			
	1. Name of controlled organization	2. Employer identification number	<ol> <li>Net unrelate income (loss) (see instruction</li> </ol>	) payments made		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)									
(4)									
		•	Nonexe	empt Co	ntrolled Organizatio	ons			
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9	. Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)									
(2)									
(3)									
(4)									
	Add columns 5 and 10. Enter here and on Part I line 8, column (A).						Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
	S					-			
Part				)(7), (9) 		ation (see instructions)			
	1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)		4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)									
(2)									
(3)									
(4)									
		Enter h line	ounts in column 2. ere and on Part I, 9, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).		
_	S								
			/ Income, Oth	er Than	Advertising Inco	me (see instructions)			
1	Description of exploite	·							
2						art I, line 10, column (A)	2		
3						nter here and on Part I,			
	line 10, column (B)						3		
4						ne 2. If a gain, complete			
_	lines 5 through 7						4		
5	Gross income from a						5		
6	Expenses attributable						6		
7						than the amount on line			
	4. Enter here and on F	7							

Schedule A (Form 990-T) 2023

hed	ule A (Form 990-T) 2023				Page
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if A B C C	reporting two or more periodicals (	on a consolidated bas	sis.	
	D				
ter	amounts for each periodical listed above	A In the corresponding column.	В	С	D
<b>.</b>	Cross advertising income			U	
2 a	Gross advertising income Add columns A through D. Enter here a				
a	Add coldmins A through D. Enter here a				•
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here a				
	5				
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any co	lumn in			
	line 4 showing a loss or zero, do not co	omplete			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
,	Excess readership costs. If line 6 is le	ss than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter -0-				
3	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7	°			
а	Add line 8, columns A through D		ine 8a columns t	otal or -0- here and o	n
	Part II, line 13				•
) ar	t X Compensation of Officers	Directors and Trustees			
a	CA Compensation of Officers				
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
				%	
)				%	
)				%	
)				%	
	Enter here and on Part II, line 1.				
100	t XI Supplemental Information	(see instructions)			

#### THE JOHN E. AND MARGARET L. LANE FOUNDATION

31-1531619

SCHEDULE A: THOR 840 WEST END AVENUE INVESTORS I LLC

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
THOR 840 WEST END AVE INVESTORS.	-117,594.		-117,594.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-117,594.

=================

Departi	ment of the Treasury	Go to ww	itest information.		2023			
Name				sigowi chilizzo ici ilisti			Employer id	 entification number
тне	JOHN E.	AND MARGARET	Τι.	LANE FOUNDA	TTON		31-1	531619
Note: owed	Generally, the contained bill the corp	prporation is not required poration. However, the co I tax penalty line of the cor	to to	file Form 2220 (see Pa ation may still use Form	art II below for e n 2220 to figure	the penalty. If so	e the IRS w	ill figure any penalty
		Annual Payment						
1		tructions)					. 1	21,954.
2a b	Look-back interest i contracts or section	ompany tax (Schedule PH (For ncluded on line 1 under sect 167(g) for depreciation under	ion 4 the ii	60(b)(2) for completed long	-term 2b			
C	Credit for federal	tax paid on fuels (see instru	uctio	ns)	2c		_	
d		2a through 2c						
3		from line 1. If the result is					n   3	21,954.
4		penalty wn on the corporation's 20					•	Z,JJ4.
4		for less than 12 months, sk						28,934.
5		payment. Enter the smalle line 3						21,954.
Part	Reasons	for Filing - Check the	e bo	oxes below that appl	y. If any boxes			ation <b>must</b> file
		0 even if it does not			uctions.			
6		tion is using the adjusted						
7 8		tion is using the annualize			tallmant based on t			
。 Part		tion is a "large corporation the Underpayment	i ng	uning its first required ins	taiment based on t	le prior years tax.		
i ai t	ing ing ing i			(a)	(b)	(c	)	(d)
9	through (d) the 15th filers: Use 5th mont	lates. Enter in columns (a) day of the 4th ( <i>Form 990-PF</i> h), 6th, 9th, and 12th months tax year	9	05/15/2023	06/15/20	023 09/1	5/2023	12/15/2023
10	and/or line 7 ab amounts from Sche line 8 (but not 6 or for the amounts to are checked, enter 2	ents. If the box on line 6 ove is checked, enter the dule A, line 38. If the box on 7) is checked, see instructions enter. If none of these boxes 25% (0.25) of line 5 above in	10	5,489.	5,48	39. 5	5,489.	5,487.
11	Estimated tax paid	or credited for each period.						
	For column (a) or	nly, enter the amount from						
		See instructions	11					42,500.
	Complete lines 12 before going to the	through 18 of one column next column.						
12	-	line 18 of the preceding column	12					40 500
13		2	13		E / (	20 10	070	42,500.
14		16 and 17 of the preceding column	14 15		5,48		),978.	<u>    16,467.</u> 26,033.
15		ine 13. If zero or less, enter -0-	15					20,033.
16		e 15 is zero, subtract line 13 vise, enter -0-	16		5,48	39. 10	),978.	
17		ne 15 is less than or equal to			5,10		,,,,,,,,,	
••	line 10, subtract line	e 15 from line 10. Then go to						
		kt column. Otherwise, go to	17	5,489.	5,48	39.	5,489.	
18	Overpayment. If li subtract line 10 fro	ne 10 is less than line 15, om line 15. Then go to line nn	18	-,			,	
Ca.40		figure the penalty. Do not		Bart IV if there are no on	trian an line 17 no	nonalty is awad		

**Underpayment of Estimated Tax by Corporations** 

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** 

Form 2220 (2023)

OMB No. 1545-0123

#### Form 2220 (2023)

	rt IV Figuring the Penalty		(a)	(h)	(c)	(d)
t	Enter the date of payment or the 15th day of the 4th month after he close of the tax year, whichever is earlier. (C corporations		(a)	(b)	(6)	(0)
	with tax years ending June 30 and S corporations: Use 3rd month					
	nstead of 4th month. Form 990-PF and Form 990-T filers: Use	19				
	5th month instead of 4th month.) See instructions Number of days from due date of installment on line 9 to the	13				
	-	20				
'		20				
ĺ	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$	\$
	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$	\$
	365		SEE PENAL			PAPER DETA
;	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25	STATEMENT			
				<u> </u>		
;	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$	\$
,	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27				
В	Underpayment on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$	\$
)	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
,	Indernation line 17 × Number of days on line 29 × *0/	30	\$	\$	\$	\$
,	Underpayment on line 17 x Number of days on line 29 x *% 366	30	Ψ	φ	Ψ	Ψ
	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
	Underpayment on line 17 x Number of days on line 31 x *%	32	¢	\$	\$	\$
2	366	32	Φ	Φ	φ	Φ
		~~				
	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
	Underpayment on line 17 x Number of days on line 33 x *%	~	¢	¢	¢	¢
	366	34	<b>Ъ</b>	\$	\$	\$
	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
	Underpayment on line 17 x Number of days on line 35 x *%		¢	¢.	¢	¢
	Jnderpayment on line 17 x 44 most of days of the ob x *%	36	Φ	\$	\$	\$
			<b>•</b>	<b>•</b>	¢	¢
Γ.	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at *www.irs.gov.* You can also call 800-829-4933 to get interest rate information.

Form 2220 (2023)

31-1531619

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UND	ERPAYMENT	BEG.DATE	END DATE	DAYS	00 	PENALTY
QUARTER 1, RATE PI						
		05/15/2023		138	7	145
TOTAL TO I	FORM 2220,	LINE 22, CO	LUMN A			145
QUARTER 1, RATE PI						======
12/13/2023				74	8	89
TOTAL TO I	FORM 2220,	LINE 24, CO	LUMN A			89
QUARTER 2, RATE PI						=======
				107	7	113
TOTAL TO I	FORM 2220,	LINE 22, CO	LUMN B			113
QUARTER 2, RATE PI		9/30/2023 -	05/15/2024)			=======
12/13/2023			12/13/2023	74	8	89
TOTAL TO 1	FORM 2220,	LINE 24, CO	LUMN B			89
QUARTER 3, RATE PI			09/30/2023)			=======
		09/15/2023	09/30/2023	15	7	16
TOTAL TO I	FORM 2220,	LINE 22, CO	LUMN C			16
QUARTER 3, RATE PI	ERIOD 2 (0)	9/30/2023 -	05/15/2024)			=======
12/13/2023			======================================	74	8	89
TOTAL TO I	FORM 2220,	LINE 24, CO	LUMN C			 89
		-				=======

TOTAL UNDERPAYMENT PENALTY

541. =======

Form <b>4562</b>	Deprec	iation and	d Am	ortizati	on		OMB No. 1545-0172
Form 4JUZ	-	g Information					2023
Department of the Treasury		Attach to you					
Internal Revenue Service	Go to www.irs.gov/F				est information.		Attachment Sequence No. 179
Name(s) shown on return							Identifying number
THE JOHN E.	AND MARGARET L. LA	NE FOUND	ATIOI	Ν			31-1531619
Business or activity to which the	nis form relates						
GENERAL DEPR							
	Expense Certain Property						
Note: If you	I have any listed property, cor	nplete Part V	before	you comp	lete Part I.		
1 Maximum amount (se	ee instructions).					1	
2 Total cost of section	179 property placed in service (see in	nstructions).				2	
3 Threshold cost of sec	ction 179 property before reduction i	n limitation (see in	nstruction	s)		3	
<ul> <li>4 Reduction in limitatio</li> <li>5 Dollar limitation for</li> </ul>	n. Subtract line 3 from line 2. If zero c tax year. Subtract line 4 from	or less, enter -0-		c ontor (	) If married	filing 4	
separately, see instructio	ns	<u></u>					
6	(a) Description of property	(b)	Cost (bus	siness use only	(c) Electer	ed cost	_
							_
							_
	r the amount from line 29						_
	section 179 property. Add amounts i						
	Enter the smaller of line 5 or line 8 .						
10 Carryover of disallow	ed deduction from line 13 of your 20	22 Form 4562 .			• • • • • • • •	10	
	tation. Enter the smaller of busines			,			
12 Section 179 expense	deduction. Add lines 9 and 10, but	don't enter more	than line	11		12	
13 Carryover of disallow	ed deduction to 2024. Add lines 9 a	nd 10, less line 12		13			
Note: Don't use Part II or	Part III below for listed property. Inste	ad, use Part V.					
Part II Special De	preciation Allowance and Ot	her Depreciat	tion (Do	on't include	listed propert	y. See ins	tructions.)
14 Special depreciation	allowance for qualified prope	rty (other thar	listed	property)	placed in se	ervice	
· ·	ee instructions	• •			•		
	ection 168(f)(1) election						
	ncluding ACRS)						
	preciation (Don't include listed						
		Sectio		/			
17 MACRS deductions f	or assets placed in service in tax yea	ars beginning befo	re 2023			17	224.
	to group any assets placed in s						
	chere	-	-				
	on B - Assets Placed in Service					reciation S	System
	(b) Month and year						<u></u>
(a) Classification of	property placed in	(business/investr	nent use	period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property	service	only - see instru	ictions)	-			
<b>b</b> 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property				25 1/10		S/L	
g 25-year property				25 yrs.	N4N4		
h Residential rental				27.5 yrs.	MM	S/L	
property				27.5 yrs.	MM	S/L	
i Nonresidential real				39 yrs.	MM	S/L	
property					MM	S/L	
	n C - Assets Placed in Service I	During 2023 Ta	x Year I	Using the A	Alternative De		System
20a Class life						S/L	
<b>b</b> 12-year				12 yrs.		S/L	
<b>c</b> 30-year				30 yrs.	MM	S/L	
d 40-year				40 yrs.	MM	S/L	
Part IV Summary	(See instructions.)						
21 Listed property. Enter	r amount from line 28					21	
22 Total. Add amounts	from line 12, lines 14 through 1	17, lines 19 and	d 20 in	column (g),	and line 21.	Enter	
here and on the appro	priate lines of your return. Partnersh	ips and S corpora	tions - se	e instruction	IS	22	224.
23 For assets shown a portion of the basis a	bove and placed in service durin tributable to section 263A costs	y the current y	ear, ent	er the 23			
	Act Notice, see separate instruction						Form <b>4562</b> (2023)

Forr	n 4562 (2023)												31	-1531	619	Page <b>2</b>
1	art V Listed Pro	perty (Include au			in othe	r veł	nicles,	cert	ain a	ircraft,	and pro	operty	used fo	or		T age <b>L</b>
		ent, recreation, or		,											0.4 -	
	24b, column	ny vehicle for which is (a) through (c) o	f Section A.	all of	e standa Section	ard m B, ai	nileage	e rate	e or de Cifap	plicable	j lease e	expense	e, compl	ete only	24a,	
		· Depreciation and								-		passe	nger au	tomobile	es.)	
24a	a Do you have evidend	ce to support the busi		ent use	claimed	?	Yes	_	lo   2	4b lf"	Yes," is t	he evide	ence writt	en?	Yes	No
	(a)	(b)	<b>(c)</b> Business/		(d)		Basis for	(e) deprec	iation	(f)		g)		h)	(	
	Type of property (list vehicles first)	Date placed in service	investment us	e Cost	or other b	asis	(busines			Recovery period		hod/ ention		ciation		ection 179 ost
25	Special deprecia	tion allowance f	percentage		tod pr			• ·		oonioo	during					
25		sed more than 50%									during					
26	-											.   20				
	· ·		(	%												
			(	%												
				%												
27	Property used 50%	% or less in a qualifi														
				%							S/L -				-	
				%							S/L -				-	
28	Add amounts in co	lump (b) lines 25 t			horo or		lino 2	1 00			S/L -	28			-	
20 29														. 29		
			Sectio											. 25		
Cor	mplete this section fo	or vehicles used by									er," or r	elated p	person.	lf you p	rovided	vehicles
to y	our employees, first an	nswer the questions in	Section C to	see if y	you meet	t an e	xceptio	n to c	omple	ting this	section f	for those	e vehicles	s		
				•	a)		(b)			( <b>c</b> )		d)		e)		f)
30				Vehicle 1			/ehicle 2		ver	nicle 3	ven	icle 4	ven	icle 5	veni	cle 6
	the year ( <b>don't</b> inc		- F													
31	5	•	-													
32		personal (nonco	• /													
22	miles driven															
33	Total miles drive	2														
34	Was the vehicle			Yes	No	Ye	s N	o	Yes	No	Yes	No	Yes	No	Yes	No
• ·		hours?														
35	Was the vehicle															
	than 5% owner or	related person?														
36	Is another vehicle															
		ction C - Questio									-					
	swer these question re than 5% owners of				eption 1	to co	mpleti	ng S	Sectio	n B for	vehicles	s used	by emp	oloyees	who a	ren't
-	Do you maintain				ohihits	all n	ersona	al use	e of v	vehicles	incluc	lina co	mmutin	a hy	Yes	No
•.	your employees?															
38	Do you maintain															
-	-	ne instructions for v				-					-			-		
39				•	•											
40			-								-					
~		, and retain the info														
41	Do you meet the re	•	• •										• • • •	• • • •		
P٩	art VI Amortizat	ver to 37, 38, 39, 4	U, UI 41 IS	1 es, " (		inple	ere 260	JUON	D 10[ 1		erea ver	ncies.				
												(6	e)			
	(a)	of each	(b) Date amorti	zation	0		(c)			(d)		Amorti	ization	A	(f)	
	Description of		begins	3	An		able amo	unt		Code se	SCHON	peric perce		Amortiza	ation for th	ns year
42	Amortization of cos	sts that begins duri	ng your 20	23 tax	year (se	e ins	structio	ns):								
43		•	•		•								43			
44	Total. Add amoun	its in column (t). Se	e the Instru	LCTIONS	for whe	ere to	report				• • • •	• • • •	44		rm <b>456</b>	2 (2022)
JSA														F0		<b>-</b> (2023)

#### **Description of Property**

GENERAL DEPRECIATION

### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
2 LAPTOPS	08/28/2015		100.000			2,853.	2,853.	2,853.	200DB	НҮ	-		5		
LAPTOP	08/28/2019	1,944.	100.000			1,944.	1,608.	1,832.	200DB	НҮ			5		224
Lana Datina d Assata															
Less: Retired Assets		4,797.	-			4 505	4 4 6 3	4,685.						[]	
Subtotals Listed Property		4,/9/.				4,797.	4,461.	4,685.							224
Listed Floperty															
Less: Retired Assets			-											[]	
Subtotals			-												
TOTALS	<u></u>	4,797.				4,797.	4,461.	4,685.							224
AMORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	_			_	amortization
			-												
			-								_				
TOTALS															

*Assets Retired JSA 3X9024 1.000

Form <b>4562</b>	<b>562</b> Depreciation and Amortization								
Form 4302			20 <b>7</b> 2						
Department of the Treasury	,								
Internal Revenue Service			Attachment Sequence No. <b>179</b> Identifying number						
Name(s) shown on return	THE JOHN E. AND MARGARET L. LANE FOUNDATION								
Business or activity to which		JAREI L. LA	NE FOUI	DAILO	11			31-1531619	
9 S WEBER S	STREET, CC	LORADO SPR	INGS, (	CO 809	03				
		ertain Property L							
	,	sted property, con	•		• •				
	(								
		aced in service (see in rty before reduction ir							
		3 from line 2. If zero o					4		
5 Dollar limitation f	or tax year. Sub ctions	otract line 4 from	line 1. If	zero or le	ess, enter -(	) If married	filing 5		
6	(a) Description		<u></u>		isiness use only				
		m line 29							
		perty. Add amounts i	. ,						
		r of line 5 or line 8 om line 13 of your 202							
•		e smaller of business							
		l lines 9 and 10, but c							
		2024. Add lines 9 an							
Note: Don't use Part II	or Part III below fo	or listed property. Instea	ad, use Part V			•			
Part II Special	Depreciation A	Ilowance and Ot	her Deprec	iation (D	on't include	listed propert	y. See inst	ructions.)	
14 Special depreciat	tion allowance f	or qualified proper	rty (other t	han listed	l property)	placed in se	ervice		
	during the tax year. See instructions								
		election							
16 Other depreciation	(Including ACRS)						16		
Part III MACRS		Don't include listed	property. S	ee instruct			1		
	Depreciation (I	Don't include listed	property. S Sec	ee instruct tion A	tions.)			31,724.	
17 MACRS deduction	Depreciation (E		property. S Sec rs beginning b	ee instruct tion A efore 2023	tions.)		17	31,724.	
<ol> <li>MACRS deduction</li> <li>If you are electir</li> </ol>	Depreciation (E s for assets place ng to group any	Don't include listed	property. S Sec rs beginning b ervice during	ee instruct tion A efore 2023 the tax	tions.) year into or	ne or more ge	17	31,724.	
<ol> <li>MACRS deduction</li> <li>If you are electir asset accounts, ch</li> </ol>	Depreciation (I s for assets place ng to group any eck here	Don't include listed d in service in tax yea assets placed in service Placed in Service	property. S Sec rs beginning b ervice during During 202	ee instruct tion A efore 2023 the tax 3 Tax Yea	tions.) year into or	ne or more ge	<u>17</u> neral		
<ol> <li>MACRS deduction</li> <li>If you are electir asset accounts, ch</li> </ol>	Depreciation (I as for assets place ng to group any eck here ction B - Assets	Don't include listed d in service in tax yea assets placed in se	property. S Sec rs beginning b ervice during	ee instruct tion A efore 2023 the tax 3 Tax Yea depreciation estment use	tions.) year into or	ne or more ge	<u>17</u> neral	31,724. ystem (g) Depreciation deduction	
<ul> <li>17 MACRS deduction</li> <li>18 If you are electir asset accounts, ch</li> <li>Second</li> </ul>	Depreciation (I as for assets place ng to group any eck here ction B - Assets	Don't include listed d in service in tax yea assets placed in service Placed in Service (b) Month and year placed in	property. S Sec rs beginning b ervice during During 202 (c) Basis for (business/inv	ee instruct tion A efore 2023 the tax 3 Tax Yea depreciation estment use	tions.) year into or <b>r Using the</b> (d) Recovery	ne or more ge [ General Dep	neral reciation S	ystem	
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<ul> <li>17 MACRS deduction</li> <li>18 If you are electinasset accounts, ch</li> <li>Seation</li> <li>(a) Classification</li> <li>19a 3-year property</li> <li>b 5-year property</li> <li>c 7-year property</li> <li>d 10-year property</li> <li>d 10-year property</li> <li>f 20-year property</li> <li>i Nonresidential rental property</li> <li>i Nonresidential reat property</li> <li>i Nonresidential reat property</li> <li>i Nonresidential reat property</li> <li>sect</li> <li>20a Class life</li> <li>b 12-year</li> <li>c 30-year</li> <li>d 40-year</li> <li>Part IV Summary</li> </ul>	Depreciation (I is for assets placed ing to group any eck here ction B - Assets in of property ion C - Assets P y (See instruction inter amount from line	Don't include listed d in service in tax yea assets placed in service (b) Month and year placed in service Placed in Service Placed in Service D Placed in Service D I I I I I I I I I I I I I I I I I I I	property. S Sec rs beginning b ervice during (c) Basis for (business/inv only - see in puring 2023	ee instruct tion A efore 2023 the tax 3 Tax Yea depreciation estment use structions)	tions.) year into or r Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM		(g) Depreciation deduction	
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<ul> <li>17 MACRS deduction</li> <li>18 If you are electinasset accounts, ch</li> <li>See</li> <li>(a) Classification</li> <li>19a 3-year property</li> <li>b 5-year property</li> <li>c 7-year property</li> <li>d 10-year property</li> <li>e 15-year property</li> <li>f 20-year property</li> <li>f 20-year property</li> <li>g 25-year property</li> <li>h Residential rental property</li> <li>i Nonresidential real property</li> <li>i Nonresidential real property</li> <li>Sect</li> <li>20a Class life</li> <li>b 12-year</li> <li>c 30-year</li> <li>d 40-year</li> <li>Part IV Summar</li> <li>21 Listed property. En</li> </ul>	Depreciation (I is for assets place ing to group any eck here ction B - Assets in of property ion C - Assets P y (See instruction inter amount from line ints from line 12, popropriate lines of y above and plac s attributable to se	Don't include listed d in service in tax yea assets placed in service  Placed in Service  (b) Month and year placed in service  Placed in Service D  Placed in Service D  Interplaced in Service D  Int	property. S Sec rs beginning b ervice during During 202 (c) Basis for (business/inv only - see in puring 2023 puring 2023 puring 2023 puring 2023 pa and S corp g the curren	ee instruct tion A efore 2023 the tax 3 Tax Yea depreciation estment use structions) Tax Year Tax Year and 20 in orations - s	tions.) year into or <b>r Using the</b> (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A 12 yrs. 30 yrs. 40 yrs. column (g), ee instructior	MM MM MM MM MM MM MM MM MM Alternative De MM MM		ystem (g) Depreciation deduction (g) Depreciation deduction (g) System (g) Sy	

Forr	m 4562 (2023)												31	-1531	619	Page <b>2</b>
1	art V Listed Pro	perty (Include au			in othe	r veł	nicles,	cert	ain a	ircraft,	and pro	operty	used fo	or		T age <b>L</b>
		ent, recreation, or		,						e					0.4 -	
	24b. column	ny vehicle for which ns (a) through (c) o	f Section A.	all of	e standa Section	ard m B.a	nileage	e rate	e or de Cif ap	plicable	j lease e	expense	e, compl	ete only	24a,	
		· Depreciation and								-		passe	nger au	tomobile	es.)	
24a	<b>a</b> Do you have evidend	ce to support the bus	iness/investm	ent use	claimed	?	Yes	N	lo 2	4b lf"	Yes," is t	he evide	ence writt	en?	Yes	No
	(a)	(b)	(c)		(d)			(e)		(f)	(	g)	(	h)	(	i)
	Type of property (list vehicles first)	Business/ investment us	e Cost	or other b	asis	Basis for (busines	s/invest		Recovery period		hod/ ention		ciation		ection 179 ost	
		in service	percentage					e only)		period	00110					
25	Special deprecia										during					
26	the tax year and us Property used more					se. Se	e inst	uctic	ons .			. 25				
20	T Toperty used mor			%												
				%												
				%												
27	Property used 50%	√ ∕√ or less in a qualifi	ed business	use:		I										
				%							S/L -					
			(	%							S/L -					
			(	%							S/L -					
28	Add amounts in co															
29	Add amounts in co	olumn (i), line 26. E												. 29		
_			Sectio													
	mplete this section fo our employees, first an														rovided	vehicles
					a)		(b)		•	(c)	1	d)		e)	(	f)
~~	<b>T</b> . ( .)			•	icle 1		/ehicle 2			nicle 3		icle 4		icle 5		cle 6
30	Total business/inve the year ( <b>don't</b> incl															
31			- F													
-	•	personal (nonco	-													
	miles driven															
33	Total miles drive															
	lines 30 through 3															
34	Was the vehicle	available for pers	sonal	Yes	No	Ye	s N	o	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?														
35	Was the vehicle	used primarily by	a more													
	than 5% owner or	related person?														
36	Is another vehicle									6		a in East				
۸		ction C - Questic									-					14
	swer these questior ore than 5% owners of				eption		mpieti	ng S	ectio	n B tor	venicies	s usea	by em	bioyees	who a	rent
-	Do you maintain				ohibits	all p	ersona	al use	e of v	vehicles	s. incluc	lina ca	mmutin	a. bv	Yes	No
	your employees?															
38	Do you maintain															
	employees? See th			-		-					-			-		
39				-	•											
40	Do you provide n	nore than five vel	hicles to yo	our en	nployee	s, ot	otain ii	nforn	nation	from	your er	nploye	es abou	ut the		
	use of the vehicles															
41	Do you meet the re	•	• •													
P	Note: If your answ		0, or 41 is '	'Yes," (	don't co	mple	ete Sec	tion	Bfor	the cov	ered ver	nicles.				
Pa	art VI Amortizat	ion										1-	<u>,                                     </u>			
	(a)		<b>(b)</b> Date amorti	zation			(c)			(d)		(€ Amorti			(f)	
	Description of	of costs	bate amon begins		An	nortiza	able amo	unt		Code se	ection	peric perce		Amortiza	ation for th	nis year
42	Amortization of cos	sts that begins duri	ng your 202	23 tax	year (se	e ins	structio	ns):				1 00100				
					<u> </u>			,								
43	Amortization of co	sts that began befo	ore your 202	23 tax	year.								43			
44	Total. Add amoun	its in column (f). Se	e the instru	uctions	for whe	ere to	o repor	t					44			
JSA														Fo	rm <b>456</b>	<b>2</b> (2023)

#### **Description of Property**

9 S WEBER STREET, COLORADO SPRINGS, CO 80903

#### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
9 S WEBER ST-BLDG	01/01/2021	1,237,301.	100.000			1,237,301.	62,174.	93,898.	SL	MM			39		31,724
9 S WEBER ST-LAND	01/01/2021	229,741.	100.000												
FURNITURE	07/01/2021	6,828.	100.000		6,828.		NONE	NONE	200DB	HY			7		
PARKING LOT	09/16/2021	4,970.	100.000		4,970.		NONE	NONE	150DB	HY			15		
Less: Retired Assets												1		1	
Subtotals		1,478,840.	-		11,798.	1,237,301.	62,174.	93,898.	]						31,724
Listed Property		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , , , , , , , , , , , , , , , , , , ,									
Less: Retired Assets	I											1		1	
Subtotals									]						
TOTALS		1.478.840	-		11,798.	1,237,301.	62,174.	93,898.	-						31,724
AMORTIZATION		1,1,0,010.			11,750.	1,237,301.	02,171.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							51,721
	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year amortization
Asset description	Service	Dasis	-				amortization	amortization	Coue	LIIE				-	amortization
			-								-			-	
														-	
			-								_			-	
			-								_			-	
			-												
TOTALS								L							

^Assets Retired JSA 3X9024 1.000 2650DF P091

# Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name:	THE JOHN E. AND MARGARET L. LANE FOUNDATION
Taxpayer Address:	13 S. TEJON, STE 200, COLORADO SPRINGS, CO 80903
Taxpayer ID Number:	<u>31-1531619</u>
Year-End:	12/31/2023

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.