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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.

OMB No 1545-0052

Department of the Treasury

	tevenue Service	Information about Form				оулоппээорт.	
		or tax year beginning	0	6/01 , 2013, and er	nding	A	05/31, 2014
	of foundation				l	A Employer identif	
	N LANE FOUND					93-124668	
Numb	er and street (or P O b	ox number if mail is not delivered	to street address)	Room/s	suite	B Telephone numb	•
						(50	03) 238-1025
	. BOX 14746						
City o	r town, state or province	e, country, and ZIP or foreign pos	stal code		[
						C if exemption application pending, check here	ation is
POR	TLAND, OR 97	293-0746	<u> </u>	<u>.</u>		, -	
G Che	eck all that apply	Initial return	Initial return	of a former public cl	harity	D 1. Foreign organiza	ations, check here
		Final return	Amended re	eturn		2. Foreign organiz	
		Address change	Name chang			85% test, check computation •	nere and attach
H Che	eck type of organiza	ation X Section 501(c)(3) exempt private	foundation		F If private foundation	on status was terminated
	Section 4947(a)(1) no	nexempt charitable trust		rivate foundation			b)(1)(A), check here .
I Fair	market value of		unting method $oxedsymbol{oxedsymbol{oxed{X}}}$ C			F If the foundation is	s in a 60-month termination
end	of year (from Part	II, col (c), line	ther (specify)			under section 507(I	o)(1)(B), check here . ▶
16)	▶ \$ 3,0)21,475. (Part I,	column (d) must be or	n cash basis)			···
Part		enue and Expenses (The	(a) Revenue and	(h) Not investment	,	e) Adjusted not	(d) Disbursements for charitable
		columns (b), (c), and (d) y equal the amounts in	expenses per	(b) Net investment income	"	c) Adjusted net income	purposes
	column (a) (see inst	ructions))	books				(cash basis only)
1	Contributions, gifts, grants	, etc , received (attach schedule) .					
2	Check ▶ if the	foundation is not required to					
3		temporary cash investments				_	
4	Dividends and inter-	est from securities	50,870	50,870	2.		
5 a	Gross rents						
b	Net rental income or (lo	oss)				·	
<u>o</u> 6 a		sale of assets not on line 10	106,037	•		<u></u>	
Revenue 2	Gross sales price for all assets on line 6a	266,937.					
7	Capital gain net inc	ome (from Part IV, line 2) .		106,037	7 •		
8	Net short-term capit	tal gaın					
9		ns					
10 a	Gross sales less returns and allowances · · ·						
b	Less Cost of goods sol	d .					
С) (attach schedule)					
11	Other income (attac	ch schedule) ATCH 1	620				<u> </u>
		nrough 11	157,527	ļ	<u>/ · </u>		
13	Compensation of office	ers, directors, trustees, etc		0		= =:	
14 Administrative Expenses 14 12 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Other employee-sal	aries_and_wages					ļ
ဋ္ဌို 15	Pension plans, emp	loyee benefits					
වූ 16 a	Legal fees (attach s	chedule) 7 20.3					
ш b	Accounting fees_(at	tach schedule)					
2		řeés (attach schedule)					
[17	Interest		4 560		_		
·울 18	Taxes (attach schedule	e) (see instructions)ATCH 2	4,769	. 169	9.		
<u>E</u> 19	- · · · · ·	h schedule) and depletion.					
ĕ 20				1 .			
[21		, and meetings		 			
pue 22		ations		-			
.들 23	Other expenses (att	ach schedule) ATCH . 3	294	•	\perp		24
Operating 23	Total operating an	d administrative expenses.	5 000		١		1
8	Add lines 13 through	ıh 23	5,063		9.		24
25	Contributions, gifts	, grants paid	128,850				128,85
26		irsements. Add lines 24 and 25	133,913	. 169	9.		129,09
25 26 27 a	Subtract line 26 fro	m line 12					
, a		xpenses and disbursements	23,614				
6	Net investment inc	ome (if negative, enter -0-)		156,73	R •		
	Adjusted net incon	ne (if negative, enter -0-)					

Form 990-PF(2013)

Part II	L' Balanca Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
rant II	Dalatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	nng			
2		cash investments	40,749.	81,098.	81,098.
3	Accounts receivable ▶				
İ	Less allowance for dou	ubtful accounts ▶			
4				-	
1		ubtful accounts ▶			
5					
6		officers, directors, trustees, and other			
•					
١_		ttach schedule) (see instructions)			
7		receivable (attach schedule)	†	ľ	
		ubtful accounts ▶			
Assets		se			
88		deferred charges			
I I U a		te government obligations (attach schedule),	1 640 452	1 (21 710	0.040.377
		e stock (attach schedule)	1,648,453.	1,631,718.	2,940,377.
14 C	Investments - corporate	e bonds (attach schedule)			
11	Investments - land, building and equipment basis				
	Less accumulated deprecal (attach schedule)	ation			
12	Investments - mortgage	loans			
13	Investments - other (att	ach schedule)			
14	Land, buildings, and				
ļ	Less accumulated depreci	ation			
15	(attach schedule) Other assets (describe	>)			
16		completed by all filers - see the			
.0		page 1, item I)	1,689,202.	1,712,816.	3,021,475
17			2,000,2020	17:1270101	0,022,170
- 1		accrued expenses	-		
18					
<u>8</u> 19					
≝ 20		ors, trustees, and other disqualified persons			
Labilities 20 21 21 22		otes payable (attach schedule)			
7 22	Other liabilities (describ	e ▶)			
- }					
23		es 17 through 22)	0	0	
		llow SFAS 117, check here . ▶ 🔀			
S S	and complete lines	24 through 26 and lines 30 and 31.			
24	Unrestricted	<i>.</i>	1,689,202.	1,712,816.	
<u>ह</u> 25	Temporarily restricted		==		
26		· · · · · · · · · · · · · · · · · · ·			
	-	not follow SFAS 117, ▶			
ᄄ		pplete lines 27 through 31.			
Ö 27		cipal, or current funds			
28		or land, bldg, and equipment fund			
Net Assets or Fund Balance		ulated income, endowment, or other funds			
등 30		d balances (see instructions)	1,689,202.	1,712,816.	
Ž 31		net assets/fund balances (see		_,,	
			1,689,202.	1,712,816.	
Part I		anges in Net Assets or Fund I		_,,	
		balances at beginning of year - Part		nust agree with	
					1,689,202
		ed on prior year's return)			
∠ Ent	er amount from Part I	, line 2/a		2	23,614
3 Oth	er increases not inclu	ded in line 2 (itemize) ▶			1 710 016
	I lines 1, 2, and 3				1,712,816
	creases not included i			5	4 540 045
6 Tota	ai net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	1,712,816

_			•
Pa	ю	e	

P	art IV Capital Gains	and Losses for Tax on Inv	vestment Income			
	(a) List an	d describe the kind(s) of property sold	. •	(b) How acquired	(c) Date acquired	(d) Date sold
_		orick warehouse, or common stock, 20	U shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)
<u>1</u> 2	SEE PART IV SCHE	DULE				
_ <u>t</u>)					
	}					
_(
_6	<u> </u>					<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_ a						
<u>t</u>)					
)					
_	Complete only for assets	showing gain in column (h) and own	ned by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t	
		as of 12/31/69	over col (j), if any		Losses (from co	······································
a	1			ļ		
_t						
_	;					<u>_</u>
	<u></u>			<u></u>		
_6						
2	Capital gain net income or		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		106,037.
3	Net short-term capital gair	n or (loss) as defined in sections 1	1222(5) and (6)			
	If gain, also enter in Pai	rt I, line 8, column (c) (see ins	structions) If (loss), enter -0- in 🕽			
	Part I, line 8	<u> </u>	<i></i>	3		0
P	art V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
w		the section 4942 tax on the distri	ibutable amount of any year in the b	ase period	ر ۲	Yes No
_		not qualify under section 4940(e)				
1		ount in each column for each yea	ar, see the instructions before making	any entri		
	(a) Base penod years	(b)	(c)		(d) Distribution re	atio
_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
_	2012					
_	2011					
	2010					· · · · · ·
_	2009_		<u> </u>			
_	2008		1			
	Total after 4 antonio (d)					
2	Total of line 1, column (d)			2		,,,,,
3	_	·	de the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if les	ss than 5 years	3		
4	Enter the net value of nor	ncharitable-use assets for 2013 fr	rom Part X, line 5	4		
5	Multiply line 4 by line 3			5		-
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution of the state o	ons from Part XII, line 4 eater than line 7, check the box	ın Part VI, line 1b, and complete t	8 hat part	using a 1% tax	crate See the

	PRONITANE FOUNDAMION 02 124	6600	_	
	990-PF (2013) ETON LANE FOUNDATION 93-124 t VI- Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
		iisti u	CHOIL	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,1	135.
	here and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
Ū	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		3,1	135.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3,1	L35.
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,449.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 5,000.			
d	Backup withholding erroneously withheld		6	110
7	Total credits and payments Add lines 6a through 6d		0,	$\frac{149.}{29.}$
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			29.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3.2	285.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2014 estimated tax 3,285 Refunded 11		<u> </u>	
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly) for political purposes (see Instructions for the			
_	definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		
	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		<u> </u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a b		4a 4b		X
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
Э	If "Yes," attach the statement required by General Instruction T			_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
·	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			}
	with the state law remain in the governing instrument?	6	X	L
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	OR			
þ	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	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			l .
	Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			x
	addresses	10		l ^

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? Form **990-PF**(2013)

2b

3b

Yes

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Х

Х

	990-PF (2013) ETON LANE FOU	MOTTON		,	93-10	246688	Page 6
	990-PF (2013) ETUN LANE FOUR t VII-B Statements Regarding Activities for		720 May Be Regu	ired (contin			Page 6
	During the year did the foundation pay or incur any amou		. 20 1112) 20 1104	100 100/////			\top
40	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public ele	-					
	directly or indirectly, any voter registration drive?	•	•		X No		
					₩"		
	(3) Provide a grant to an individual for travel, study, or of	• •			X No		
	(4) Provide a grant to an organization other than a				X No		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5)				X No		
	(5) Provide for any purpose other than religious, ch		•		₩		
	purposes, or for the prevention of cruelty to children of				X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the		•	xceptions des	cribed in	1 _ 1	J.
	Regulations section 53 4945 or in a current notice regard	_	•			5b	X
	Organizations relying on a current notice regarding disast				▶∟	-	ļ
C	If the answer is "Yes" to question 5a(4), does the		•				Î
	because it maintained expenditure responsibility for the g			Yes	X No		
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)					
6 a	Did the foundation, during the year, receive any fund	•		s			
	on a personal benefit contract?			Yes	X No		
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	t?		6b	X
	If "Yes" to 6b, file Form 8870						
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction? .	. Yes	X No		
	If "Yes," did the foundation receive any proceeds or have					7b	
Par	t VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid	1 Employ	ees,	
1	List all officers, directors, trustees, foundation n	nanagers and thei		instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribute employee bene		(e) Expense a	
		devoted to position	`enter'-0-) ´	and deferred con		other allow	ances
							^
ATC	л 4		·		- 4		
		(-4b4b4b					4 .
2	Compensation of five highest-paid employees "NONE."	(otner than thos	e included on lin	e 1 - see I	nstruction	is). It non	e, enter
		(b) Title, and average		(d) Contribut		<i>(-) F</i>	
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee b	eferred	(e) Expense a other allow	
		devoted to position		compensa	ition		
· — —	NONE						
	NONE						
							- 10
					\longrightarrow		
ota	I number of other employees paid over \$50,000						

_	_
$D \sim \sim \sim$	7
rauc	

Рa	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3	Five h	ighest-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
			·
	NONE		
Γota	l numbe	er of others receiving over \$50,000 for professional services	
Pa	rt IX-A	Summary of Direct Charitable Activities	
Lis	the found	fation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
		and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	N/A		
-			
-			
2			
		· · · · · · · · · · · · · · · · · · ·	
-			
3			
٠-			
-			
4			
٦-			
-			
Par	t IX-B	Summary of Program-Related Investments (see instructions)	
		two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	, , , , , , , , , , , , , , , , , , , ,	
•			
-			
2			
-			
All	other prod	ram-related investments. See instructions	······································
	NONE		
٠.			
-			
Tota	1 044 1	nes 1 through 3	
1010	ii. Auu i	1105 T UII OUGH 5	

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orm 9	90-PF (2013)		Page 8
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn founda	tions,
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	2,745,888.
b	Average of monthly cash balances	1b	80,548.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,826,436.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	2,826,436.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	42,397.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,784,039.
6	Minimum investment return. Enter 5% of line 5	6	139,202.
Pari	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	139,202.
2 a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b]	
С	Add lines 2a and 2b	2c	3,135.
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	136,067.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	136,067.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	136,067.
Part	XII 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	129,094.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	129,094.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	129,094.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when containing for the section 4940(e) reduction of tax in those years	alculating	whether the foundation

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Pa	rt XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7				136,067.
2	Undistributed income, if any, as of the end of 2013			110 000	
	Enter amount for 2012 only		1 777	110,099.	
	Total for pnor years 20_11_,20_10_,20_09		1,777.		
3	Excess distributions carryover, if any, to 2013				
	From 2008				
	From 2009				
	From 2010				
	From 2011				
	Total of lines 3a through e				
4					
•	line 4 ▶ \$ 129,094.				
а	Applied to 2012, but not more than line 2a			110,099.	
	Applied to undistributed income of prior years				
-	(Election required - see instructions)	ATCH 5	1,777.		
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2013 distributable amount				17,218.
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
D	Prior years' undistributed income Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	,			
	amount - see instructions				
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2014				118,849.
_		<u>-</u> .			110,013.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	0			
	Analysis of line 9				
	Excess from 2009	,			
	Excess from 2010				
C	Excess from 2011				
ď	Excess from 2012				
<u>e</u>	Excess from 2013	L <u>.</u>	<u> </u>		

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

Check here ▶ 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail 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

Page 11

Part XV Supplementary Information (continuea)	. <u>. </u>		
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	Future Payment	1
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUUM	
a Paid during the year				
AMCII 6				
ATCH 6				
Total			▶ 3a	128,850.
b Approved for future payment				
				!
	<u> </u>	<u> </u>		
Total			▶ 3b	

Form **990-PF** (2013)

Page **12**

er gross amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by	y section 512, 513, or 514	(e) Related or exempt
Program service revenue	Business code	1	Exclusion code	Amount	function income (See instructions)
a	_				
b					
c				-	
d					
e		· · · · · · · · · · · · · · · · · · ·	_		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	50,870.	
Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income			 		
Gain or (loss) from sales of assets other than inventory			18	106,037.	
-			+		
Net income or (loss) from special events		-	 		-
Gross profit or (loss) from sales of inventory					
Other revenue a			 		620
		-	 		021
c					
а	l				
d			1	1 5	
e				156 007	
eSubtotal Add columns (b), (d), and (e)				156,907.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities	ulations) to the Ac	complishment of Ex	kempt Purp	oses 13	157,527
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157, 52° ted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157, 52° ted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157, 52° ted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,52
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,527
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,527
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,527
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,527
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribut	157,527

Part	XVII	Information R Exempt Orga		ansfers To and Trans	actions ar	nd Relation	ships With Non	chari	table	9
	ın sect	e organization direct	tly or indirectly	engage in any of the follosection 501(c)(3) organiz	-	-			Yes	No
a	Transf	ers from the reportir	ng foundation to	a noncharitable exempt o	rganization o	f				
								1a(1)		X
			· • • • • • • • •					1a(2)		X
-	_	transactions								х
((1) Sa	ies of assets to a no	incharitable exe	mpt organization				1b(1)		X
				able exempt organization				1b(2)		X
,	(3) RE	intai oi iaciittes, equ imbursement arrand	ements	assets				1b(3) 1b(4)		X
,	(4) NO	ans or loan quarante	ements		• • • • • •			1b(4)		X
Ì	(6) Pe	rformance of service	es or membersl	nip or fundraising solicitatio	 ne			1b(6)		X
				sts, other assets, or paid en				1c		Х
	value (of the goods, other	assets, or serv	es," complete the following ices given by the reporting gement, show in column noncharitable exempt organization	g foundation (d) the value	If the found of the good	dation received less s, other assets, or s	than ervice	fair m s rec	arket eived
(a) Lin	ie no	N/A	(c) Name of	noncharitable exempt organization	N/A	scription of trans	fers, transactions, and sha	nng arra	ngeme	nts
						-				
				-						
				· · · · · · · · · · · · · · · · · · ·						
	-									
	-	-								
				- Aller						
	+									
(descrit	ped in section 501(c)) of the Code (o	filiated with, or related to ther than section 501(c)(3			ot organizations	Y	es X	No
<u> </u>	If "Yes	" complete the follo (a) Name of organization		(b) To a of a second			(1) 5			
		(a) Name of organizatio		(b) Type of organizati	on		(c) Description of relation	snip		
		·								
		·	_							
Sign		r penalties of perjury, I declaration of	are that I have examif preparer (other than the	ined this return, including accompaniaxpayer) is based on all information of	ying schedules and which preparer has	d statements, and any knowledge			_	-
Sign		You DKILL		4/13/15	DIRE	CTOR	May the lR with the pi	S discus reparer		retum below
Here	Sigi	nature of officer or trustee		Date	Title		(see instruction			X No
		Print/Type preparer's na	ıme	Preparer's signature		Date	Check If	PΠN		
Paid							self-employed			
Prep		Firm's name					Firm's EIN			
Use	Only	Firm's address								
			<u> </u>		····		Phone no			

Form **990-PF** (2013)

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

Kınd of F	Property		Desc	cription		P or D	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	D	acquired Gain or (loss)	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	+	(loss)	
		MARKETABLE PROPERTY TY		N7 11 C		P	VAR	VAF
266,937.		160,900.	PE: SECURI	ITES			106,037.	
OTAL GAIN(L	OSS)						106,037.	
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •			= 100,037.	
					:			
A								

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

EXPENSES PER BOOKS

620.

DESCRIPTION FEDERAL TAX REFUND

TOTALS

620.

ATTACHMENT 2 PAGE 20

TAXES	
ı	
H	
PART	
990PF,	
FORM	

E 0.2	INVESTMENT	INCOME		169.
HEVENUE AND	AND EXPENSES	PER BOOKS	4,600.	169.
		DESCRIPTION	FEDERAL TAXES	FOREIGN TAXES

169.

4,769.

TOTALS

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION
OREGON DEPT OF JUSTICE
OREGON CORPORATION FEE

EXPENSES PER BOOKS REVENUE AND

CHARITABLE PURPOSES 24.

244.

4/12/2015 7:03:11 PM V 13-7.15

ATTACHMENT 3 PAGE 21

294.

TOTALS

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

COMPENSATION	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 2.00	DIRECTOR .50	DIRECTOR ,50	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	JOHN M KELLER 3227 NE 145TH AVE PORTLAND, OR 97230	WILLIAM M KELLER 1504 SE ETON LANE PORTLAND, OR 97222	FRANCES E KELLER 1504 SE ETON LANE PORTLAND, OR 97222	PAUL D KELLER 1504 FILLMORE ST. EUGENE, OR 97405	

FORM 990PF, PART XIII - APPLIED TO PRIOR YEAR ELECTION

ELECTION TO TREAT UNUSED PRIOR YEAR CORPUS DISTRIBUTIONS AS CURRENT YEAR CORPUS DISTRIBUTIONS

PURSUANT TO REG. 53-4942(A)-3(C)(2)(IV), THE FOUNDATION HEREBY ELECTS TO TREAT, AS A CURRENT CORPUS DISTRIBUTION, \$1,777 OF THE PRIOR TAX YEAR'S DISTRIBUTIONS THAT WERE TREATED AS CORPUS DISTRIBUTIONS UNDER REG. 53.4942(A)-3(D)(1)(III) IN SUCH PRIOR TAX YEAR.

v 13-7.15

- 1	ı
YEAR	
THE	l
DURING	
PAID	
CONTRIBUTIONS	
AND (1
GRANTS	
XV.	l
PART XV	
990PF,	
FORM	

AMOUNT	. 500.	5, 000.	17,000.	4,000.	5,000.	7,500.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL SUPPORT	CAPITAL CAMPAIGN	SCHOLARSHIPTS	SPECIAL CAPITAL CAMPAIGN	GENERAL SUPPORT	GENERAL SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	CASCADE PACIFIC COUNCIL - BSA 2145 SW NAITO PARKWAY PORTLAND, OR 97201	MARIST HIGH SCHOOL 1900 KINGSLEY RD. EUGENE, OR 97401	LASALLE HIGH SCHOOL 11999 SE FULLER RD MILWAUKIE, OR 97222	O'HARA CATHOLIC SCHOOL 715 WEST 18TH AVENUE EUGENE, OR 97402	CENTRAL CATHOLIC HIGH SCHOOL 2401 S.E. STARK STREET PORTLAND, OR 97214	DE LASALLE NORTH CATHOLIC HIGH SCHOOL 7528 NORTH FENWICK AVENUE PORTLAND, OR 97217

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST. AGATHA SCHOOL 1430 SE NEHALEM ST. PORTLAND, OR 97202	NONE PC	GENERAL SUPPORT	4,000.
CFCA 1 ELMWOOD AVE. KANSAS CITY, KS 66103	NONE PC	GENERAL SUPPORT	5,000.
MARYLHURST UNIVERSITY 17600 PACIFIC HIGHWAY (HWY. 43) P.O. BOX 261 MARXLHURSTT, OR 97036	NONE PC	GENERAL SUPPORT	250.
HOLY CROSS MISSION CENTER POST OFFICE BOX 765 NOTRE DAME, IN 46556	NONE PC	GENERAL SUPPORT	7,000.
ST. ELIZABETH ANN SETON HIGH SCHOOL 811 NE 112TH AVENUE VANCOUVER, WA 98684	NOME PC	BUILDING PLEDGE	10,000.
UNIVERSITY OF PORTLAND 5000 NORTH WILLAMETTE BLVD. PORTLAND, OR 97203	NONE PC	BASKETBALL PROGRAM	6,000.

v 13-7.15

500.

AMOUNT

4,000.

1,000.

7,000.

500.

11,600.

YEAR
THE
DURING
PAID
CONTRIBUTIONS
AND
- GRANTS
⋧
PART
990PF.
FORM

ONTRIBUTION	. 000 , 6	.000.
PURPOSE OF GRANT OR CONTRIBUTION	SCHOLARSHIPS	
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	UNIVERSITY OF PORTLAND 5000 NORTH WILLAMETTE BLVD. PORTLAND, OR 97203	UNIVERSITY OF PORTLAND 5000 NORTH WILLAMETTE BLVD. PORTLAND, OR 97203

TOTAL CONTRIBUTIONS PAID

128,850.

ATTACHMENT 6 PAGE 28

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FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 7

AMOUNT

RELATED OR EXEMPT FUNCTION INCOME

AMOUNT

BUSINESS

EXCLUSION

620.

620.

TOTALS

FEDERAL TAX REFUND

DESCRIPTION

ATTACHMENT 7 PAGE 29

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

ETON LANE FOUNDATION

Employer identification number

93-1246688

	e: Form 5227 filers need to complete only Parts I and II.					
Pa	Short-Term Capital Gains and Losses - Ass	ets Held One Yea	r or Less			
the I	instructions for how to figure the amounts to enter on lines below. form may be easier to complete if you round off cents hole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss s Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S cor Short-term capital loss carryover Enter the amoun Carryover Worksheet	nt, if any, from lin	e 9 of the 2012	Capital Loss	6	()
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back				7	
Pa	t Long-Term Capital Gains and Losses - Ass	ets Held More Tha	an One Year			
the I	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss Form(s) 8949, P line 2, column	from art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	266,937.	160,900.			106,037.
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	estates or trusts		12	
13	Capital gain distributions				13	_
14 15	Gain from Form 4797, Part I	t, if any, from line	14 of the 2012	Capital Loss	14	
16	Carryover Worksheet	8a through 15 in	column (h) Enter	here and on	15	106,037.
	, (0) 011 110 0401			📂	16	1 100,03/.

	•			•	
Sche	dule D'(Form 1041) 2013		r=-= ==		Page 2
Pa	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this pa	art.	(see instr)	or trust's	(b) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
	Total for year	18a			106,037.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			105.55
	28% rate gain	18c			106,037.
	Total net gain or (loss). Combine lines 17 and 18a ▶	19	L	1	106,037.
gaıns	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 i, go to Part V, and do not complete Part IV If line 19, column (3), is a n ssary	(or Fo et loss	rm 990-T, Part I, line s, complete Part IV a	4a) If lines 18a and ind the Capital Loss	d 19, column (2), are ne Carryover Worksheet, a
Pa	t IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, II	ne 4c, if a trust), the	maller of	
a	The loss on line 19, column (3) or b \$3,000		4 (00 (5 0	<u>20 (</u>	total the Control
Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 9	90-1, IINE 34), IS a K	oss, complete the Capit
	Tax Computation Using Maximum Capital Gains Rate	s			
	n 1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains, or an	amount is entered	in Part I or Part II an
ther	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e thar	n zero		
	t <mark>ion:</mark> Skıp thıs part and complete the Schedule D Tax Worksheet ın the ı	nstruc	ctions if		
	ther line 18b, col (2) or line 18c, col (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				. d
	n 990-T trusts. Complete this part only if both lines 18a and 19 a prim 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
	her line 18b, col (2) or line 18c, col (2) is more than zero	and c	omplete the oche	Idle D Tax WOTKS	ieet iii tile mistraction
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	····	. 21		
22	Enter the smaller of line 18a or 19 in column (2)	'')	•		
22	· · · · · · · · · · · · · · · · · · ·				
23	Enter the estate's or trust's qualified dividends		 		
23	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23		 		
25	If the estate or trust is filing Form 4952, enter the		 		
	amount from line 4g; otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24. If zero or less, enter -0-				
27	Subtract line 26 from line 21 If zero or less, enter -0-		•		
28	Enter the smaller of the amount on line 21 or \$2,450				
29	Enter the smaller of the amount on line 27 or line 28				
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is			30	
31	Enter the smaller of line 21 or line 26				
32	Subtract line 30 from line 26		32		
33	Enter the smaller of line 21 or \$11,950		33		
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0-		35		
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0-		40		
41	Multiply line 40 by 20%		•	▶ 41	
42	Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for I				

42

43

Schedule D (Form 1041) 2013

43

G, line 1a (or Form 990-T, line 36).

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

ETON LANE FOUNDATION

(F) Long-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification number 93-1246688

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions)

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

a	3ch	parate Form 0040, page 2, for each applicable box in you have more long-term transactions than will not on this page for one c
m	оге	of the boxes, complete as many forms with the same box checked as you need
	X ((D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	((E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(a) Description of property	(b) Date sold or disposed (Mo , day, yr)	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)		(Mo , day, yr)	(sales pnce) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
MARKETABLE SECURITIES			266,937.	160,900			106,037
	_						
							_
2 Totals. Add the amounts in colu (subtract negative amounts) Einclude on your Schedule D, line checked), line 9 (if Box E above	nter each tota e 8b (ıf Box D	I here and above is	266,937	160,900.			106,037.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 88	68 (Rev 1-2014)					Page 2					
• If yo	u are filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part I	and check this box		▶ X					
•	Only complete Part II if you have already been gra										
	u are filing for an Automatic 3-Month Extension,										
Part I				ınal (no copies ne	eded)						
	Enter filer's identifying number, see instruction										
	Name of exempt organization or other filer, see in		Employer identification number (EIN) or								
Туре	pe or										
print	ETON LANE FOUNDATION			93-1246	688						
•	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number							
File by th due date											
filing you	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	<u> </u>							
retum Se instructio	e nonmittup on onco on o	•									
	he Return code for the return that this application	is for (file a	separate application for ea	ach return)		. 04					
Applic		Return	Application	101101011111111111111111111111111111111		Return					
Is For		Code	Is For			Code					
	990 or Form 990-EZ	01	is For			Jour					
	990-BL	 	Form 1041-A	F 4044 A							
		02									
	4720 (individual)	03	Form 4720 (other than in	dividual)		09					
	990-PF	04	Form 5227			10					
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11					
	990-T (trust other than above)	06	Form 8870		filed Fee	12					
	Do not complete Part II if you were not already	_			y filea Fol	111 0000.					
	books are in the care of THE FOUNDATION,				—						
	phone No ► 503 238-1025			1383		. \Box					
● If the organization does not have an office or place of business in the United States, check this box											
	s is for a Group Return, enter the organization's fo	_				his is					
	whole group, check this box		art of the group, check this	box	and a	tach a					
	the names and EINs of all members the extension	 ,		4/15 15	_						
	request an additional 3-month extension of time ui	-		4/15, 20 15	05/01						
	For calendar year, or other tax year beginning 06/01, 20 13, and ending 05/31, 20 14										
6 If	If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return										
L	Change in accounting period		TWE TO MECHOCARY	no comprime mus							
	tate in detail why you need the extension ADDIT				<u>. </u>						
_	CCOUNTING NECESSARY TO FILE A COM	PLETE A	ND ACCURATE RETURN	AND HAVE	_						
<u>T.</u>	HE RETURN REVIEWED BY THE BOARD	_			_						
											
	this application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the ten	tative tax, less any							
	onrefundable credits See instructions	_			8a \$	6,449.					
	this application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·								
e	estimated tax payments made. Include any prior year overpayment allowed as a credit and any										
	mount paid previously with Form 8868										
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS										
(E	Electronic Federal Tax Payment System) See instru		8c \$	0							
	Signature and Verification	ation mu	st be completed for P	art II only.							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of m											
knowled	dge and belief, it is true, correct, and complete, and that I	am authoriz	ed to prepare this form			-					
Signature	e >		Title ► DIRECTOR	Date Date	01/14	/2015					

Form **8868** (Rev 1-2014)