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.rs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 Open to Public Inspection

	rore	alen	idar year 2017 or tax year b	reginning		, and ending		
	Nan	ne of	foundation			-	A Employer identificatio	n number
	\mathbf{T}	ΗE	L.B. LANE FA	AMILY FOUND	ATION, INC.		56-162283	7
•			nd street (or P.O. box number if it	Room/suite	B Telephone number			
	1	00	6 4TH AVE DR	. NW			828-328-50	014
•	City	or to	own, state or province, coun	itry, and ZIP or foreign p	ostal code		C If exemption application is	
	Н	IC:	KORY, NC 28	601				·
Ī	G C	heck	all that apply:	nıtial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
			F	inal return	Amended return			
_				Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, computation
1	H C	heck	type of organization:	Section 501(c)(3) ex	empt private foundation	(1)] E= f private foundation st	atus was terminated
-] <u>Se</u>	ction 4947(a)(1) nonexemp	t charitable trust 🔲	Other taxable private founda	ition July	under section 507(b)(1	
1	l Fa	ır ma	arket value of all assets at en	nd of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
	(fr	om F	Part II, col. (c), line 16)	Ot	her (specify)		under section 507(b)(1	1)(B), check here
		_	1,674	, 330 . (Part I, colum	nn (d) must be on cash basi	s.)		
į	Pa	rt I	Analysis of Revenue and (The total of amounts in column necessarily equal the amounts	ns (b) (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			necessarily equal the amounts	in column (a))	expenses per books	income	income	(cash basis only)
0	2	1	Contributions, gifts, grants,	· ·	98,961.		N/A	
ų,	7	2		is not required to attach Sch. B				<u> </u>
0°	1	3	Interest on savings and tempora cash investments		2,961.	2,961.		STATEMENT 1
		4	Dividends and interest from	n securities	34,805.	34,805.		STATEMENT 2
		_	Gross rents					
		b	Net rental income or (loss)		126 004			
	e	6a	Net gain or (loss) from sale of as Gross sales price for all		136,894.	 	· · · · · · · · · · · · · · · · · · ·	
	Revenue	_ D	assets on line 6a	177,027.		126 004		
		/	Capital gain net income (from Pa	•		136,894.		
		8	Net short-term capital gain					
		100	Income modifications Gross sales less returns					-
			and allowances Less Cost of goods sold					
			Gross profit or (loss)			·		
		11	Other income					
		12	Total. Add lines 1 through	11	273,621.	174,660.		
•		13	Compensation of officers, direct		0.	0.		0.
		18	Other provee salaries an					
		15	Pension plans, employee b	enefits				
	ses	104	-L-enal fees ו					
	e	В	Accounting fees	STMT 3	4,100.	0.		4,100.
	Ĕ	k	Other professionalitees					
	ive	17	Interest The Interest					
~	trat	18	Takes ₹ Ø	STMT 4	296.	0.		0.
2018	nis	19	Depreciation and depletion	1				
	Ë	20	Occupancy					
16	ĕ	21	Travel, conseences, and m	neetings				
	Operating and Administrative Expenses	22	Printing and publications		1,500.	0,		1,500.
JUĹ	ing	23	Other expenses	STMT 5	8.	0.	<u> </u>	8.
	rat	24	Total operating and admir		5 004			F 600
	ŏ		expenses. Add lines 13 the	~	5,904.	0,	·	5,608. 72,030.
Ž	_		Contributions, gifts, grants	-	72,030.			/2,030.
Z		26	Total expenses and disbu	rsements.	77 024	_		77 620
SCANNED		27	Add lines 24 and 25 Subtract line 26 from line	12.	77,934.	0.	-	77,638.
S		27			195,687.			
			Excess of revenue over expense Net investment income (if		193,007.	174,660	 	
			Adjusted net income (if neg			1/4,000	N/A	
		*		ganto, onto: -o-j			<u> </u>	

For	m 99	0-PF (2017) THE L.B. LANE FAMILY FOU			.622837 Page 2
ГР	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	·
<u>:</u>	<u></u>	II Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	60,635.	123,224.	123,224.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	}	Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable		T	
		Less; allowance for doubtful accounts			
Ø	R	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		 	
As	_	Investments - U.S. and state government obligations			
	1	[517,020.	543,494.	1 464 095
	Į.	· · · · · · · · · · · · · · · · · · ·			1,464,985. 65,481.
	l	Investments - corporate bonds STMT 8	65,811.	65,756.	05,401.
	11	Investments - land, buildings, and equipment basis		ľ	
	١.,	Less accumulated depreciation			
	1	Investments - mortgage loans		00 524	00 640
	13	Investments - other STMT 9	0.	20,534.	20,640.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	1	Other assets (describe ►)			· · · - · · · · · · · · · · · · · · · ·
	16	Total assets (to be completed by all filers - see the			
_	_	instructions. Also, see page 1, item I)	643,466.	753,008.	1,674,330.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue		2,940.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
	23		0.	2,940.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
ě	24	Unrestricted	643,466.	750,068.	
al	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	<u>"</u>		
Net	30	Total net assets or fund balances	643,466.	750,068.	
_					
	31	Total liabilities and net assets/fund balances	643,466.	753,008.	
P	art		·		
-	Tota	net assets or fund halances at heavening of year. Bort II, column (a) has f	30	— Т	
'		l net assets or fund balances at beginning of year - Part II, column (a), line (st agree with end-of-year figure reported on prior year's return)	JU		643,466.
•		r amount from Part I, line 27a		1	195,687.
2		r increases not included in line 2 (itemize)		2	193,667.
3 4		lines 1, 2, and 3		3 4	839,153.
5		eases not included in line 2 (itemize)	SEE STA	TEMENT 6 5	89,085.
•		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		TEMENT 6 5	750,068.
<u>6</u>	TUL	ing assets of fund balances at end of year (line 4 minus line 3) - Part II, CO	iumin (u), iinie 30		Form 900-DE (2017)

		LANE FAMIL			IN	<u>C.</u>		56	5 - 1622	2837	Page 3
Part IV Capital Gains a					14	lan:					
(a) List and describe the	ne kind(s) of p	property sold (for examents) mmon stock, 200 sha	mple, real estat	te,	ĮΡ	How acc	iase	(c) Date ad (mo., da	cquired	(d) Dat (mo., da	
			S. WILU (U.)		<u> </u>	- Dona	tion	\1110., ua	3, 3'-/	(1110., 0	~;;;;;
1a PUBLICLY TRADED b CAPITAL GAINS D					 		P				
CAPITAL GAINS L	^ T A T T G T	1 <i>U</i> U			\vdash						
d		-	· · ·		T					·	
e											
(e) Gross sales price		eciation allowed allowable)		t or other basis xpense of sale		·			ın or (loss) (f) mınus (ı	ı))	
a 176,998.		·		40,13	3.					136	,865.
b 29.	 										29.
С											
d		-		···							
Complete only for accets about		ma (b) and avenued to	the fared-tr-	00 10/01/00				0			
Complete only for assets showing									ol. (h) gain i ot less than		
(i) FMV as of 12/31/69		ljusted basis of 12/31/69	. ,	cess of col. (ı) col. (ı), ıf any			5 01.		from col. (h		
a										136	,865.
b											29.
C											
d		-									
e											
2 Capital gain net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}	2				136	,894.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		•			Ì						
If (loss), enter -0- in Part I, line 8					Ĵ	3			N/A		
Part V Qualification Ur	nder Sec	tion 4940(e) for	Reduced	Tax on Net	t Inv	estm	ent Inc	ome			
(For optional use by domestic private	foundations s	subject to the section -	4940(a) tax on	net investment ii	ncom	e.)					
If section 4940(d)(2) applies, leave th	ıs part blank.										
Was the foundation liable for the secti		on the distributable an	nount of any ye	ear in the base pe	rıod?					Yes	X No
If "Yes," the foundation doesn't qualify											
1 Enter the appropriate amount in e	ach column f	or each year; see the i	nstructions bet	fore making any e	entrie	S.				/4\	
(a) Base period years		(b) Adjusted qualifying dis	etributions	Net value of no	(C) ancha		uce accete			(d) ution ratio	(-))
Calendar year (or tax year beginnin	gin) /			Net value of hi	JIIUIIA 1				(col. (b) dıv		.(c)) 56406
2016 2015			74,264. 77,200.		<u>_</u>		<u>6,598</u> 0,888				55504
2014			0,726.				8,659				55725
2013			8,625.				0,258				44070
2012	-		7,175.		1		3,792				56746
2 Total of line 1, column (d)								2		2	68451
3 Average distribution ratio for the 5			on line 2 by 5.	0, or by the numb	oer of	years					
the foundation has been in existen	ice if less thai	n 5 years						3		0	<u>5369</u>
4 Enter the net value of noncharitable	le-use assets	for 2017 from Part X,	line 5					4		1,516	,539
5 Multiply line 4 by line 3								5			.,423
3 Widniply line 4 by line 3								-3-			.,=23
6 Enter 1% of net investment incom	e (1% of Pari	I, line 27b)						6		1	.,747
7 Add lines 5 and 6								7		83	,170
8 Enter qualifying distributions from	ı Part XII, lıne	4						8		77	,638
If line 8 is equal to or greater than	line 7, check	the box in Part VI, line	e 1b, and comp	plete that part usi	ng a	1% tax	rate.				
See the Part VI instructions.											DE

orm 9	190-PF (2017) THE L.B. LANE FAMILY FOUNDATION, INC. 56-162 TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			age 4
1a E	xempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	ate of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		3,49	93.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
	rax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
	ax under section 311 (domestic section 4347 (a)(1) dusts and taxable foundations only, others, other 5 7		3,49	
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<u>. ,</u>	0.
	Fax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		3,49	
_	ax years on investment meeting constant in the mind of it 25 to 5 to 5, since the	•	<u>, , , , , , , , , , , , , , , , , , , </u>	, , ,
	Credits/Payments:			
			_	60
	fotal credits and payments. Add lines 6a through 6d		3	<u>60.</u>
	inter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		2,9	$\frac{0}{2}$
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		<u> </u>	<u> </u>
10 (Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	inter the amount of line 10 to be: Credited to 2018 estimated tax			
	t VII-A Statements Regarding Activities		¥	Nia
1a [During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	ny political campaign?	1a		<u>X</u>
Ьſ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u>X</u>
1	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
(distributed by the foundation in connection with the activities.			
c l	Did the foundation file Form 1120-POL for this year?	1c		_X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	f "Yes," attach a detailed description of the activities.			
	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		х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	·	5		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
	If "Yes," attach the statement required by General Instruction T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		i	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		- T	
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u> </u>	 -
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨	-	i	1
	NC	-		1
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	<u> </u>	
	· · ·			1
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			l
9	· · ·	9_		<u>x</u>

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orm 990-PF (2017) THE L.B. LANE FAMILY FOU	NDATION, INC.		<u> 56-1622</u> 8	<u> 137</u>	P	age 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)			
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))?	Ye:	s X No	1		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,			1	
any voter registration drive?			s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	,	Ye:	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section					
4945(d)(4)(A)? See instructions		X Ye	s L No	Ì	.	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			.	
the prevention of cruelty to children or animals?		L Ye	s X No		.	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru			, l	5b		<u>X</u>
Organizations relying on a current notice regarding disaster assistance, check h					i l	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			_			
expenditure responsibility for the grant?	e statement 1	.1 X Ye	s DNO		ı İ	
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 g	pay premiums on				i i	
a personal benefit contract?		Ye	s X No			
$oldsymbol{\mathfrak{b}}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b		X_
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No			<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu		10:-0-1	N/A	7b	L	<u></u>
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	<i>,</i>			
List all officers, directors, trustees, and foundation managers and to	heir compensation.	.				
List an Officers, unectors, a distees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to		(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	a	ccount, allowai	
	ιο μοσιτίστι	enter -o-)	compensation		unoma	
				1		
SEE STATEMENT 10		0.	0			0.
				T		
				\perp		
				ł		
			l <u> </u>			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	, enter "NONE."	(d) Contributions to	т-	(e) Exp	nense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plan and deferred		allowa	t, other
NONE	devoted to position		compensation	+	allowa	111065
NONE						
		 		+-		
	-			-		
	1-7	-		+		
	1					
	-	1		\top		
	1					
Total number of other employees paid over \$50,000				<u> </u>		0
			For	m 9 9	10-PF	(2017)

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Part VIII F	nformation About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	_
3 Five highest-	paid independent contractors for professional services. If none, enter "NC		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	VE		
			
			1
	thers receiving over \$50,000 for professional services		<u>▶</u> 0
	Summary of Direct Charitable Activities		
	t's four largest direct charitable activities during the tax year. Include relevant statistical in ations and other beneficiaries served, conferences convened, research papers produced.		Expenses
N/A		, 010.	
N/ E	3		
2			
		<u> </u>	
3			
			
Part IX-B S	ummary of Program-Related Investments		
	argest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
N/2	<u> </u>		
,	-		<u> </u>
2			
All other program	related investments. See instructions.		
3			
			
Total Add lines	1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,438,493.
b	Average of monthly cash balances	1b	101,140.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,539,633.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	_2	0.
3	Subtract line 2 from line 1d	3	1,539,633.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,094.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,516,539.
6	Minimum investment return Enter 5% of line 5	6	75,827.
Р	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here \(\bigsim\) and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	75,827.
	Tax on investment income for 2017 from Part VI, line 5	'-	13,021
b	Income tax for 2017. (This does not include the tax from Part VI.)	.	
c	Add lines 2a and 2b	2c	3,493.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	72,334.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	72,334.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	72,334
_	art XII Qualifying Distributions (see instructions)	 _	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	77,638.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	77,638
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	77,638
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies foi	r the section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				70 224
line 7				72,334.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 8, 675.				
b From 2013				
c From 2014 9, 208.				
d From 2015 8, 424.				
e From 2016 9,506.				
f Total of lines 3a through e	35,813.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: \triangleright \$ 77,638.				
a Applied to 2016, but not more than line 2a			0.	_
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				72,334.
e Remaining amount distributed out of corpus	5,304.			
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	41,117.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_0.
be distributed in 2018				
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)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	8,675.			
9 Excess distributions carryover to 2018.	<u> </u>	-		
Subtract lines 7 and 8 from line 6a	32,442.			
10 Analysis of line 9:				
a Excess from 2013	İ		1	
b Excess from 2014 9,208.				
c Excess from 2015 8 . 4 2 4 .				

723581 01-03-18

d Excess from 2016

e Excess from 2017

Form **990-PF** (2017)

9,506.

5,304.

	. LANE FAMI				L622837 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described in		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	-		· · ·		
used directly for active conduct of					
exempt activities					
· ·					
e Qualifying distributions made directly			4		
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the			<i>II</i>		
alternative test relied upon:			7	,	
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
• •					
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	, "	İ			
section 4942(j)(3)(B)(iii)	· · · · · · ·				
(3) Largest amount of support from					
an exempt organization 🥖					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or	more in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	no have contributed more	than 2% of the total cont	ributions received by the	e foundation before the	close of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)			
SEE STATEMENT 12					
b List any managers of the foundation wh	no own 10% or more of th	ne stock of a corporation	or an equally large port	ion of the ownership o	f a partnership or
other entity) of which the foundation ha			, , , , ,	•	•
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Dr	oarame.		
Check here ► X if the foundation				not accept uncolicited	requests for funds. If
the foundation makes gifts, grants, etc.					requests for fulles. If
	-				
a The name, address, and telephone num	iber of email address of t	ne person to whom applic	auons snould be addres	sseu.	
b The form in which applications should	be submitted and informa	ition and materials they s	nould include:		
	<u></u>				
c Any submission deadlines:					
	<u>.</u>	<u></u>			
d Any restrictions or limitations on award	is, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
	· · · · · · · · · · · · · · · · · · ·				
					- 000 DE (0047)

Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the		Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ALTAVISTA AREA YMCA	N/A	501(C)(3)	GENERAL OPERATING FUND	
P.O. BOX 149			i i	
ALTAVISTA, VA 24517				500.
C.U.R.B. INC	N/A	E01/02/42	TECN EVENUES	
81 LIGHTHOUSE RD	N/A	501(C)(4)	LEGAL EXPENSES	
MONETA, VA 24121				3,000.
CATAWBA SCIENCE CENTER P.O. BOX 2431 HICKORY NC 28603	N/A	501(C)(3)	SCHOLARSHIP FUND	4,000.
CHILDREN'S HOME SOCIETY OF NC P.O. BOX 14608 GREENSBORO, NC 27415	N/A	501(C)(3)	GENERAL OPERATING FUND	2,500.
COMMUNITY HEALTH CENTER OF THE BLACK HILLS 350 PINE STREET	N/A	501(C)(3)	CAPITAL CAMPAIGN	
RAPID CITY, SD 57701 Total SEE CO	NTINUATION SHE	EM (C)	> 0.	4 000.
b Approved for future payment	MIINOATION SHE	EI (S)	▶ 3a	72,030.
CATAWBA SCIENCE CENTER P.O. BOX 2431 HICKORY, NC 28603	N/A	501(C)(3)	FAMILY-TO-FAMILY PROJECT	4,000.
COMMUNITY HEALTH CENTER OF THE BLACK HILLS 350 PINE STREET	N/A	501(C)(3)	CAPITAL CAMPAIGN	
RAPID CITY, SD 57701				8,000.
HICKORY MUSEUM OF ART P.O. BOX 2572 HICKORY NC 28603	N/A	501(C)(3)	SCHOLARSHIP FUND	4,000.
	NTINUATION SHE	ET(S)	▶ 3b	45.000
				rm QQA-DF (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)		
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code		code	Amount			
å							
b							
<u> </u>	I I						
d							
e			-}}-				
g Fees and contracts from government agencies			-	-			
2 Membership dues and assessments		·					
3 Interest on savings and temporary cash		·					
investments			14	2.961			
4 Dividends and interest from securities		···	14	2,961. 34,805.			
5 Net rental income or (loss) from real estate:			- 				
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property	1		1 1				
7 Other investment income							
8 Gain or (loss) from sales of assets other		<u></u>					
than inventory	1		18	136,894.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory		-					
11 Other revenue:							
a			1				
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		().	174,660.	0.		
13 Total Add line 12, columns (b), (d), and (e)					174,660.		
(See worksheet in line 13 instructions to verify calculations.)							

Part XVI-B	Relationship of Activities to the Ac	complishment of Exempt Purposes
------------	--------------------------------------	---------------------------------

	's exempt purposes (other tha	in by providing funds for su	ich purposes).		
N/A				* "	
			_		
					
					
- 					
					
<u> </u>		 			
					
					
					
- 					
		_ -			
					
					_

•	•									
Part >		Information Re	egarding Trans		FOUNDATION, nd Transactions ar			<u>622837</u> charitable		ige 13
4 0.4	4h.s. s.z.s	Exempt Organ			th				Yes	No
					g with any other organization to political organizations?	n described in sect	ion 50 i(c)	1	163	140
		om the reporting found	•		•					
	Cash	om the reporting round	audii to a nonchantau	ne exempt ort	janization of.			1a(1)		Х
٠,	Other a	iccete						1a(2)		X
		actions:						14(2)		
		of assets to a noncharita	ible exempt organizati	nn				1b(1)		x
		ises of assets from a no	· · · · ·					1b(2)		X
		of facilities, equipment,	•	gamzanon				1b(3)		Х
		ursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
		mance of services or me	embership or fundrais	ing solicitatio	ns		•	1b(6)		X
c Sha	ring of	facilities, equipment, ma	uling lists, other asset	s, or paid em	ployees			1c		X_
d if th	ie answ	er to any of the above is	"Yes," complete the fo	ollowing sche	dule. Column (b) should alv	vays show the fair r	narket value of the g	oods, other ass	sets,	
or s	ervices	given by the reporting f	oundation. If the foun	dation receive	ed less than fair market valu	e in any transaction	or sharing arranger	nent, show in		
colu	ımıı (d)	the value of the goods,						<u></u>		
(a) Line no) (b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transaction	ns, and sharing ar	rangeme	ents
	_		ļ	N/A						
	-		-			 				
	-					 				
	+		 			-				
	+									
	+									
	 		 							
						 				
										
			 	·· ··	 #					
		**			·					
									-	
									_	
										
ın s	ection (dation directly or indirec 501(c) (other than section of the following sch	on 501(c)(3)) or in sec		or more tax-exempt organi	zations described		Yes	[3	No No
	,	(a) Name of or			(b) Type of organization		(c) Description of re	lationship		
		_ N/A								
	T			_	<u> </u>	<u> </u>	 			
Sign Here	and be		emplete Declaration of pre		ng accompanying schedules and in taxpayer) is based on all inform		er has any knowledge	May the IRS return with t shown below	he prepa v? Se <u>e i</u>	rer
	L 5.9.	Print/Type preparer's n		Preparer's s		Date	Check If	PTIN		
	ļ	VI - en renner VI	-				self- employed			
Paid		KEVIN EVAN	1S	KEVIN	EVANS	04/24/18		P00128	3279	9

Form **990-PF** (2017)

Phone no. 828-464-2812

Preparer

Use Only

Firm's name ► MAST, EVANS & ISENHOUR, L.L.P.

CONOVER, NC 28613-1029

Firm's address ▶ P O BOX 1029

THE L.B. LANE FAMILY FOUNDATION, INC.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CORNERSTONE COUNSELING CENTER N/A 501(C)(3) SCHOLARSHIP FUND 439 1ST AVE NW 1,000. HICKORY NC 28601 CORNERSTONE RESCUE MISSION 501(C)(3) GENERAL OPERATING FUND N/A P.O. BOX 2188 1,500. RAPID CITY SD 57709 501(C)(3) GENERAL OPERATING FUND CRAZY HORSE MEMORIAL FOUNDATION N/A 12151 AVENUE OF THE CHIEFS 1,000. CRAZY HORSE, SD 57730 CVCC SMALL BUSINESS CENTER N/A 501(C)(3) GENERAL OPERATING FUND 2664 HWY 70 SE 3,300. HICKORY NC 28602 EXPONENT PHILANTHROPY N/A 501(C)(3) GENERAL OPERATING FUND 1720 N STREET NW WASHINGTON DC 20036 1,000. FEEDING SOUTH DAKOTA 501(C)(3) GENERAL OPERATING FUND N/A 1111 N. CREEK DR 1,500. RAPID CITY SD 57703 FRONT PORCH COALITION N/A 501(C)(3) GENERAL OPERATING FUND 915 MOUNTAIN VIEW RD 2,500. RAPID CITY SD 57702 GREEN RIVER PRESERVE 501(C)(3) SCHOLARSHIP FUND N/A 301 GREEN RIVER RD CEDAR MOUNTAIN NC 28718 500. HICKORY COMMUNITY THEATER N/A 501(C)(3) BUILDING FUND 30 THIRD ST NW 2,000. HICKORY NC 28601 HICKORY MUSEUM OF ART 501(C)(3) N/A SCHOLARSHIP FUND P.O. BOX 2572 8,000. HICKORY NC 28603 Total from continuation sheets 58 030

Part XV Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	, `	1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (nome of Basiness)	or substantial contributor	recipient		
PHILANTHROPY ROUND TABLE	N/A	501(C)(3)	GENERAL OPERATING FUND	
1730 M ST NW, STE 601 WASHINGTON, DC 20036				750
WASHINGTON, DC 20030	-			750.
RAPID CITY ARTS COUNCIL	N/A	501(C)(3)	GENERAL OPERATING FUND	
713 7TH ST	7.7	501(0)(3)		
RAPID CITY SD 57701				3,230,
RAPID CITY CLUB FOR BOYS	N/A	501(C)(3)	GENERAL OPERATING FUND	
P.O. BOX 907			İ	
RAPID CITY, SD 57709				1,500
SAFE HARBOR RESCUE MISSION	N/A	501(C)(3)	GENERAL OPERATING FUND	
210 2ND ST SE				
HICKORY, NC 28602				2,500
SD PUBLIC BROADCASTING P.O. BOX 5000	N/A	501(C)(3)	GENERAL OPERATING FUND	
BROOKINGS SD 57006				2,000
SOCIETY OF ST. ANDREWS	N/A	501(C)(3)	GENERAL OPERATING FUND	
3383 SWEET HOLLOW RD				
BIG ISLAND, VA 24526				2,500
THE GLACIER INSTITUTE	N/A	501(C)(3)	GENERAL OPERATING FUND	
P.O. BOX 11887 KALISPELL MT 59903				3,000
THOMPSON RIVER ANIMAL CARE SHELTER	N/A	501(C)(3)	GENERAL OPERATING FUND	
157 CHERRY CREEK RD				
THOMPSON FALLS, MT 59873				3,500
JNITED ARTS COUNCIL OF CATAWBA COUNTY	N/A	501(C)(3)	GENERAL OPERATING FUND	
243 3RD AVE NE, BOX 5				
HICKORY, NC 28601	-	-		500
JNITED WAY OF CATAWBA COUNTY P.O. BOX 2425	N/A	501(C)(3)	GENERAL OPERATING FUND	
HICKORY NC 28603				_ 500
Total from continuation sheets				

THE L.B. LANE FAMILY FOUNDATION, INC.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient VIRGINIA EPISCOPAL SCHOOL 501(C)(3) ENDOWED SCHOLARSHIP N/A FUND 400 VES ROAD LYNCHBURG VA 24503 3,000. WESTERN SD SENIOR SERVICES 501(C)(3) GENERAL OPERATING FUND N/A 1621 SHERIDAN LAKE ROAD 1,250. RAPID CITY, SD 57702 WORKING AGAINST VIOLENCE N/A 501(C)(3) BUILDING FUND 527 QUINCY STREET 2 000. RAPID CITY, SD 57701 YMCA OF CATAWBA VALLEY N/A 501(C)(3) GENERAL OPERATING FUND 701 1ST STREET NW 500. HICKORY NC 28601 YOUTH & FAMILY SERVICES N/A 501(C)(3) CAPITAL CAMPAIGN P.O. BOX 2813 RAPID CITY, SD 57709 3,500. WELLFULLY N/A 501(C)(3) CAPITAL CAMPAIGN P.O. BOX 1087 3,000. RAPID CITY, SD 57709 HUMANE SOCIETY OF CATAWBA COUNTY N/A 501(C)(3) GENERAL OPERATING FUND P.O. BOX 63 2,000. HICKORY, NC 28603 OPERATION SMILE INC N/A 501(C)(3) GENERAL OPERATING FUND 3641 FACULTY BLVD 500. VIRGINIA BEACH, VA 23453 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) if recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient HUMANE SOCIETY OF CATAWBA COUNTY N/A 501(C)(3) GENERAL OPERATING FUND 3224 20TH AVE SE NEWTON, NC 28658 3,000. YOUTH & FAMILY SERVICES N/A 501(C)(3) CAPITAL CAMPAIGN P.O. BOX 2813 RAPID CITY SD 57709 14,000. WELLFULLY 501(C)(3) N/A CAPITAL CAMPAIGN P.O. BOX 1087 RAPID CITY SD 57709 12,000. Total from continuation sheets 29 000

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

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

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	THE L.B. LANE FAMILY FOUNDATION, INC.	56-1622837						
Organization t	Organization type (check one):							
Filers of:	Section:							
Form 990 or 99	EZ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	panization is covered by the General Rule or a Special Rule . tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions						
General Rule								
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sectio any or	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a e contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the amount of the greater of (1) \$5,000, or (2) 2% of the greater of (1) \$5,000, or (2) 2	, or 16b, and that received from						
year, 1	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, II, and III							
year, o is che purpo	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							
but it must and	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ver "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 f esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

THE L.B. LANE FAMILY FOUNDATION, INC.

56-1622837

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	ıl space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONSTANCE N. LANE 2417 HOLIDAY LANE RAPID CITY, SD 57702	\$ 49,428.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	LANDON B. LANE JR. 1006 4TH AVE DR NW HICKORY, NC 28601	\$\$ <u>49,533.</u>	Person Payroll Noncash X (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 Payroli 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 Payroli Noncash (Complete Part II for noncash contributions)

Employer identification number

THE L.B. LANE FAMILY FOUNDATION, INC.

56-1622837

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> </u>	THERMO-FISHER SCIENTIFIC, INC. COMMON STOCK - 285 SHARES		
		\$ 49,428.	06/12/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	YUM BRANDS, INC. COMMON STOCK - 670 SHARES		
		\$	06/19/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - s	

me of orga	anization		Employer identification number
HE L.	B. LANE FAMILY FOUNDATI	ON. INC.	56-1622837
art III	Exclusively religious, charitable, etc., contri	butions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000
	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	or less for the year (Enterthis info once) \$
	Use duplicate copies of Part III if additiona	l space is needed	
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(4)	(-,	(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		•	
		(e) Transfer of git	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
n) No. from	(h) Dumana of sife	(-) !!	(d) Description of how with in held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
T		(e) Transfer of git	ift
		(o) manara or give	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
			
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	L	(e) Transfer of gi	
		(c) Transier or gr	•••
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
ļ		-	
			<u> </u>
a) No. from		<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gi	ıπ
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
			Total Official Control of Control

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	IVESTMENTS	STATEMENT	1
SOURCE		(A REVEI PER BO	NUE	TUE NET INVESTMENT		(C) ADJUSTED NET INCOME	
STIFEL NICOLAUS			2,961.		2,961.		
TOTAL TO PART I, LI	NE 3		2,961.		2,961.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SECUF	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
STIFEL NICOLAUS	34,834	2:	9.	34,805.	34,80	5.	
TO PART I, LINE 4	34,834	2:	9.	34,805.	34,80	5.	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
ACCOUNTING & TAX SE	RVICES	4,100.		0.		4,1	00.
TO FORM 990-PF, PG	1, LN 16B	4,100.		0.		4,1	00.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX		296.		0.			0.
TO FORM 990-PF, PG	1, LN 18	296.		0.			0.
	=						

FORM 990-PF .	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
BANK CHARGES	8.	0.			8.
TO FORM 990-PF, PG 1, LN 23	8.	0.			8.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
CONTRIBUTIONS RECEIVED IN 201 BASIS	7 - DIFFERE	NCE BETWEEN F	MV &	89,0	85.
TOTAL TO FORM 990-PF, PART II	I, LINE 5			89,0	85.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7
DESCRIPTION		вс	OK VALUE	FAIR MARKE VALUE	ET
AMERICAN EXPRESS COMPANY APPLE INC BANK OF NOVIA SCOTIA BECTON DICKINSON & CO BROOKFIELD ASSET MGMT INC CHEVRON CORPORATION CHUBB LTD CONOCO PHILLIPS DEUTSCHE BANK DIAGEO PLC DOWDUPONT INC ELI LILLY & COMPANY GENERAL ELECTRIC CO IBM CORP ILLINOIS TOOL WORKS INC ISHARES CORE S&P MID CAP ETF JOHNSON & JOHNSON JP MORGAN CHASE & CO MARATHON PETROLEUM CORP			3,226. 19,088. 16,332. 13,181. 20,344. 14,357. 15,705. 4,316. 18,197. 22,455. 7,772. 17,541. 2,902. 17,990. 13,175. 25,161. 28,291. 17,377. 4,144.	39,7 50,7 19,3 42,8 52,2 43,8 54,8 54,8 33,8 30,6 83,8 42,7 65,8	769. 359. 312. 339. 339. 339. 3412. 360. 360. 360. 360. 360. 360. 360. 360

THE L.B. LANE FAMILY FOUNDATI	CON, INC.		56-1622837
PFIZER INC PHILLIPS 66' RIO TINTO PLC RPM INTERNATIONAL INC TORONTO DOMINION BANK UNITED TECHNOLOGIES CORP VANGUARD EMERGING MKTS ETF VERIZON COMMUNICATIONS COMPASS MNRLS INTL INC HEXCEL CORP STORE CAPITAL CORP THERMO FISHER SCIENTIFIC INC YUM BRANDS INC		25,439. 1,282. 13,549. 18,684. 16,182. 16,997. 33,547. 16,494. 20,017. 20,618. 16,530. 3,091. 3,373.	41,943. 50,575. 21,172. 52,420. 23,432. 51,028. 45,910. 53,988. 21,675. 24,740. 18,228. 25,634. 54,679.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	543,494.	1,464,985.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION RAYONIER INC SR NOTE US WEST COMMS INC WESTERN UNION CO NOTE	-	BOOK VALUE 14,668. 21,003. 15,039.	FAIR MARKET VALUE 15,186. 20,132. 15,162.
XEROX CORP SR NOTE TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,046.	65,481.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PLAINS ALL AMERICAN PIPELINE LE	COST	20,534.	20,640.
TOTAL TO FORM 990-PF, PART II,	LINE 13	20,534.	20,640.

FORM 990-PF PART VIII - LIST TRUSTEES AND		STATI	EMENT 10	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LANDON B. LANE, JR. 1006 4TH AVE DR NW HICKORY, NC 28601	PRES/TREAS 4.00	0.	0.	0.
CONSTANCE N. LANE 2417 HOLIDAY LANE RAPID CITY, SD 57702	VICE PRES 2.00	0.	0.	0.
NILA P. LANE 1006 4TH AVE DR NW HICKORY, NC 28601	SECRETARY 0.10	0.	0.	0.
DAVID CAMERON 2417 HOLIDAY LANE RAPID CITY, SD 57702	ASST TREAS 0.10	0.	0.	0.
AMANDA P. STANFIELD 2417 HOLIDAY LANE RAPID CITY, SD 57702	ASST SEC 0.05	0.	0.	0.
STEVE HOSTETLER 900 ARDSLEY ROAD CHARLOTTE, NC 28207	ASST TREAS 0.05	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF : EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 11

GRANTEE'S NAME

C.U.R.B. INC

GRANTEE'S ADDRESS

81 LIGHTHOUSE LN MONETA, VA 24121

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

3,000.

10/31/16

3,000.

04/05/17

PURPOSE OF GRANT

PROPERTY RIGHTS LEGAL DEFENSE PROGRAM

DATES OF REPORTS BY GRANTEE

04/05/17

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

ACCEPTED

GRANTEE'S NAME

C.U.R.B. INC

GRANTEE'S ADDRESS

81 LIGHTHOUSE LN MONETA, VA 24121

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

3,000.

11/13/17

3,000.

01/28/18

PURPOSE OF GRANT

PROPERTY RIGHTS LEGAL DEFENSE PROGRAM

DATES OF REPORTS BY GRANTEE

01/28/18

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

ACCEPTED

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER

LANDON B. LANE, JR. CONSTANCE N. LANE