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CLIENT'S COPY



BLACKMAN & SLOOP ADVISORS, INC  
1414 RALEIGH RD, SUITE 300  
CHAPEL HILL, NC 27517

MARCH 16, 2026

CHICORYLANE FOUNDATION  
246 BRUSH MOUNTAIN RD.  
SPRING MILLS, PA 16875

CHICORYLANE FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2025 EXEMPT ORGANIZATION RETURN  
AND 2026 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2025 FORM 990-PF

2026 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE  
FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ELIZABETH MAUCH

# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**

DECEMBER 31, 2025

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**PREPARED FOR:**

CHICORYLANE FOUNDATION  
246 BRUSH MOUNTAIN RD.  
SPRING MILLS, PA 16875

---

**PREPARED BY:**

BLACKMAN & SLOOP ADVISORS, INC.  
1414 RALEIGH ROAD, SUITE 300  
CHAPEL HILL, NC 27517

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**AMOUNT DUE OR REFUND:**

BALANCE DUE OF \$671

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**MAKE CHECK PAYABLE TO:**

YOUR BALANCE DUE OF \$671 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 7861 ON MAY 15, 2026. REFER TO FORM 990-PF ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2026.

# 2026 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

**FOR THE YEAR ENDING**

DECEMBER 31, 2026

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**PREPARED FOR:**

CHICORYLANE FOUNDATION  
246 BRUSH MOUNTAIN RD.  
SPRING MILLS, PA 16875

---

**PREPARED BY:**

BLACKMAN & SLOOP ADVISORS, INC.  
1414 RALEIGH ROAD, SUITE 300  
CHAPEL HILL, NC 27517

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**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	680
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2026 ESTIMATE	\$	0
BALANCE DUE	\$	680

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 680	MAY 15, 2026
NO 2	\$ 0	
NO 3	\$ 0	
NO 4	\$ 0	

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

ELECTRONIC FILING HAS BEEN SELECTED FOR THE PAYMENT OF ESTIMATED TAX. PAYMENT FOR THE INSTALLMENT(S) WILL BE AUTOMATICALLY WITHDRAWN FROM THE ACCOUNT ENDING IN 7861 FOR THE AMOUNT(S) ON OR AFTER THE DATE(S) LISTED BY THE DEPARTMENT OF THE TREASURY. REFER TO ESTIMATE ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

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**SPECIAL INSTRUCTIONS:**

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax-Exempt Entity

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20\_\_\_\_

# 2025

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**CHICORYLANE FOUNDATION**

EIN or SSN

**99-3347034**

Name and title of officer or person subject to tax **JOHN B. SMITH**  
**CHAIR**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here .....	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> <u>671.</u>
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **BLACKMAN & SLOOP ADVISORS, INC.** to enter my PIN **13462**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**56388512345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ELIZABETH MAUCH** Date **03/16/26**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

**2026**

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....		1	
2	Tax on the amount on line 1 .....		2	
3	Alternative minimum tax for trusts .....		3	
4	Total. Add lines 2 and 3 .....		4	
5	Estimated tax credits .....		5	
6	Subtract line 5 from line 4 .....		6	
7	Other taxes .....		7	
8	Total. Add lines 6 and 7 .....		8	
9	Credit for federal tax paid on fuels .....		9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a		
b	Enter the tax shown on the 2025 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	671.	
c	<b>2026 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	<b>ADJUSTED TO</b>		10c 680.

		(a)	(b)	(c)	(d)
11	Installment due dates .....	11	05/15/26		
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12	680.		
13	2025 Overpayment .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14	680.		

Form **990-W**

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

For calendar year **2025** or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>CHICORYLANE FOUNDATION</b>				A Employer identification number <b>99-3347034</b>	
Number and street (or P.O. box number if mail is not delivered to street address) <b>246 BRUSH MOUNTAIN RD.</b>			Room/suite	B Telephone number <b>814-360-9463</b>	
City or town <b>SPRING MILLS</b>		State or province <b>PA</b>	Country	ZIP or foreign postal code <b>16875</b>	C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change				D 1. Foreign organizations, check here ..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>128,514.</b>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>	
		(Part I, column (d), must be on cash basis.)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....	113,328.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	164.	164.	164.	<b>STATEMENT 1</b>
	4 Dividends and interest from securities .....	1,662.	1,662.	1,662.	<b>STATEMENT 2</b>
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	46,604.			
	b Gross sales price for all assets on line 6a .....	59,701.			
	7 Capital gain net income (from Part IV, line 2) .....		46,604.		
	8 Net short-term capital gain .....			0.	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....					
12 <b>Total.</b> Add lines 1 through 11 .....	161,758.	48,430.	1,826.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....				
	b Accounting fees .....				
	c Other professional fees .....	STMT 3 4,051.	173.	0.	3,878.
	17 Interest .....				
	18 Taxes .....	STMT 4 2.	0.	0.	0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses .....	STMT 5 8,380.	0.	0.	8,380.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	12,433.	173.	0.	12,258.
	25 Contributions, gifts, grants paid .....	0.			0.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	12,433.	173.	0.	12,258.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	149,325.				
b <b>Net investment income</b> (if negative, enter -0-) .....		48,257.			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			1,826.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book value	(b) Book value	(c) Fair market value
Assets	1 Cash - non-interest-bearing	3,058.	4,052.	4,052.
	2 Savings and temporary cash investments	6,149.	15,015.	15,015.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds STMT 7	0.	5,001.	5,001.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 8	0.	104,446.	104,446.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	9,207.	128,514.	128,514.	
Liabilities	17 Accounts payable and accrued expenses		271.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	271.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds	9,207.	128,243.		
29 Total net assets or fund balances	9,207.	128,243.		
30 Total liabilities and net assets/fund balances	9,207.	128,514.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	9,207.
2 Enter amount from Part I, line 27a	2	149,325.
3 Other increases not included on line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	158,532.
5 Decreases not included on line 2 (itemize) SEE STATEMENT 6	5	30,289.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	128,243.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB LT				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 59,701.		13,097.	46,604.	
b				
c				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			46,604.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter on Part I, line 7 If (loss), enter -0- on Part I, line 7 ..... }		2 46,604.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- on Part I, line 8 .....		{ ..... }		3 0.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	671.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, column (b) .....			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....		2	0.
3 Add lines 1 and 2 .....		3	671.
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- .....		5	671.
6 Credits/Payments:			
a 2025 estimated tax payments and 2024 overpayment credited to 2025 .....	6a	0.	
b Exempt foreign organizations - tax withheld at source .....	6b	0.	
c Tax paid with application for extension of time to file (Form 8868) .....	6c	0.	
d Backup withholding erroneously withheld .....	6d	0.	
7 Total credits and payments. Add lines 6a through 6d .....		7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .....		9	671.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....		10	
11 Enter the amount of line 10 to be: Credited to 2026 estimated tax _____ Refunded ...		11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> 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 .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		<b>N/A</b>
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> 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? .....	<b>X</b>	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <b>PA</b>		
<b>b</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 <i>General Instruction G</i> ? If "No," attach explanation .....	<b>X</b>	
<b>9</b> 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 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII .....	<b>X</b>	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....	<b>X</b>	
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		<b>X</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<b>X</b>	
Website address <u>N/A</u>		
<b>14</b> The books are in care of <u>KYLIE HOUSER - INTEGRITY ACCOUNTING</u> Telephone no. <u>841-422-8200</u> Located at <u>959 PENNS CAVE RD., SPRING MILLS, PA</u> ZIP+4 <u>16875</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	<b>15</b>	<b>N/A</b>
<b>16</b> At any time during calendar year 2025, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. Includes checkboxes and 'N/A' entries.

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services .....		0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 11	7,419.
2 SEE STATEMENT 12	4,304.
3 SEE STATEMENT 13	0.
4 SEE STATEMENT 14	535.

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
2		
3 All other program-related investments. See instructions.		
<b>Total.</b> Add lines 1 through 3 .....		0.

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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	77,686.
b	Average of monthly cash balances .....	1b	19,852.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c) .....	1d	97,538.
e	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	97,538.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,463.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	96,075.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	4,804.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	
2a	Tax on investment income for 2025 from Part V, line 5 .....	2a	
b	Income tax for 2025. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	
4	Recoveries of amounts treated as qualifying distributions .....	4	
5	Add lines 3 and 4 .....	5	
6	Deduction from distributable amount (see instructions) .....	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, line 26, column (d) .....	1a	12,258.
b	Program-related investments - total from Part VIII-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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	12,258.

Form 990-PF (2025)

**Part XII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
<b>1</b> Distributable amount for 2025 from Part X, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2025:				
<b>a</b> Enter amount for 2024 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2025:				
<b>a</b> From 2020 .....				
<b>b</b> From 2021 .....				
<b>c</b> From 2022 .....				
<b>d</b> From 2023 .....				
<b>e</b> From 2024 .....				
<b>f</b> Total of lines 3a through 3e .....				
<b>4</b> Qualifying distributions for 2025 from Part XI, line 4: \$ .....				
<b>a</b> Applied to 2024, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2025 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).) .....				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> 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 .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2024. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026 .....				
<b>7</b> 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) .....				
<b>8</b> Excess distributions carryover from 2020 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2026. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2021 ...				
<b>b</b> Excess from 2022 ...				
<b>c</b> Excess from 2023 ...				
<b>d</b> Excess from 2024 ...				
<b>e</b> Excess from 2025 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2025, enter the date of the ruling **05/29/24**

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	1,826.	149.	0.	0.	1,975.
b 85% (0.85) of line 2a	1,552.	127.	0.	0.	1,679.
c Qualifying distributions from Part XI, line 4, for each year listed	12,258.	8,942.	0.	0.	21,200.
d Amounts included on line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	12,258.	8,942.	0.	0.	21,200.
3 Complete 3a, 3b, or 3c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown on Part IX, line 6, for each year listed	3,203.	201.	0.	0.	3,404.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

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

1 Information Regarding Foundation Managers:

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

SEE STATEMENT 15

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

NONE

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

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, 2b, 2c, and 2d.

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

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:







**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

CHICORYLANE FOUNDATION

Employer identification number

99-3347034

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>CHICORYLANE FOUNDATION</b>	Employer identification number  <b>99-3347034</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN B. AND CATHERINE F. SMITH  246 BRUSH MOUNTAIN RD.  SPRING MILLS, PA 16875	\$ 113,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CHICORYLANE FOUNDATION</b>	Employer identification number  <b>99-3347034</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	21 SHS INVESCO QQQ TRUST _____ _____ _____	\$ 9,470.	04/10/25
1	106 SHS ROBO GLOBAL ARTIFICL _____ _____ _____	\$ 4,461.	04/10/25
1	36 SHS SPDR GOLD SHARES ETF _____ _____ _____	\$ 10,460.	04/10/25
1	20 SHS VANGUARD S&P 500 ETF _____ _____ _____	\$ 9,722.	04/10/25
1	262 SHS CISCO SYSTEMS _____ _____ _____	\$ 14,892.	04/28/25
1	32 SHS INTUIT _____ _____ _____	\$ 19,783.	04/28/25

Name of organization  <b>CHICORYLANE FOUNDATION</b>	Employer identification number  <b>99-3347034</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	31 SHS INVESCO QQQ TRUST _____ _____ _____	\$ <u>14,645.</u>	<u>04/28/25</u>
<u>1</u>	58 SHS VANGUARD EXTENDED MARKET ETF _____ _____ _____	\$ <u>9,895.</u>	<u>04/28/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>CHICORYLANE FOUNDATION</b>	Employer identification number  <b>99-3347034</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PNC	164.	164.	164.
TOTAL TO PART I, LINE 3	164.	164.	164.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	1,662.	0.	1,662.	1,662.	1,662.
TO PART I, LINE 4	1,662.	0.	1,662.	1,662.	1,662.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	3,878.	0.	0.	3,878.
INVESTMENT FEES	173.	173.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	4,051.	173.	0.	3,878.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	2.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	2.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM - COMMUNICATIONS AND TECHNOLOGY	845.	0.	0.	845.
PROGRAM - INFORMATION AND COMMUNICATIONS	2,000.	0.	0.	2,000.
PROGRAM - MATERIALS AND SUPPLIES	1,329.	0.	0.	1,329.
PROGRAM - HONORARIA	444.	0.	0.	444.
OTHER EXPENSES	631.	0.	0.	631.
PROGRAM - COORDINATION AND SUPPORT	3,000.	0.	0.	3,000.
PROGRAM - FOOD, DRINKS, REFRESHMENTS	108.	0.	0.	108.
PROGRAM - PREP & MAINTENANCE	23.	0.	0.	23.
TO FORM 990-PF, PG 1, LN 23	8,380.	0.	0.	8,380.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
UNREALIZED GAINS/LOSSES PRIOR PERIOD ADJUSTMENT		30,235. 54.
TOTAL TO FORM 990-PF, PART III, LINE 5		30,289.

FORM 990-PF	CORPORATE BONDS	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB - FIXED INCOME	5,001.	5,001.
TOTAL TO FORM 990-PF, PART II, LINE 10C	5,001.	5,001.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB - ETF	FMV	104,446.	104,446.
TOTAL TO FORM 990-PF, PART II, LINE 13		104,446.	104,446.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VI-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

JOHN B. SMITH

246 BRUSH MOUNTAIN RD.  
SPRING MILLS, PA 16875

CATHERINE F. SMITH

246 BRUSH MOUNTAIN RD.  
SPRING MILLS, PA 16875

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN B. SMITH 246 BRUSH MOUNTAIN RD. SPRING MILLS, PA 16875	CHAIR 10.00	0.	0.	0.
JAMES PIERCE 115 BARTGES RD. COBURN, PA 16832	VICE-CHAIR 5.00	0.	0.	0.
CATHERINE F. SMITH 246 BRUSH MOUNTAIN RD. SPRING MILLS, PA 16875	SECRETARY 5.00	0.	0.	0.
JAMES R. ZUBLER 337 HECKMAN CEMETARY RD. SPRING MILLS, PA 16875	TREASURER 5.00	0.	0.	0.
THOM RIPPON 2640 RED RIDGE RD MIFFLINBURG, PA 17644	DIRECTOR 3.00	0.	0.	0.
LOANNE SNAVELY 614 LINGLE VALLEY RD SPRING MILLS, PA 16875	DIRECTOR 3.00	0.	0.	0.
SUZY YETTER 105 WOODCOCK LANE LEWISBURG, PA 17837	DIRECTOR 3.00	0.	0.	0.
DANA REID 101 HEIRLOOM DR. CENTRE HALL, PA 16828	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

ACTIVITY ONE

IN 2025, WE OFFERED 7 WORKSHOPS AND/OR FIELD DAYS DEALING WITH VARIOUS EDUCATIONAL, AESTHETIC, AND RESEARCH TOPICS PERTAINING TO CONSERVATION AND ECOLOGY. TOPICS INCLUDE BIRD AND NATIVE PLANT WALKS EMPHASIZING NOT JUST IDENTIFICATION BUT ALSO HABITATS AND BEHAVIOR. WE ALSO OFFERED A WORKSHOP ON WRITING IN AND ABOUT (A NATURAL) PLACE, AND A WORKSHOP ON DYING CLOTH AND YARN USING NATIVE PLANT MATERIAL DYES. TWO OPEN HOUSE DAYS PROVIDED IN-FIELD TECHNIQUES FOR ASSESSING WATER QUALITY FOR ONE OF OUR STREAMS AND LECTURE/DISCUSSIONS OF THE HISTORY AND ARCHITECTURE OF A 200-YEAR OLD LOG RESIDENCE ON THE PROPERTY.

TOTAL ATTENDANCE WAS SOME 200 INDIVIDUALS, AND ON TWO DIFFERENT FIELD DAYS, WE WERE PLEASED TO HAVE OVER 80 SPECIES OF BIRDS VISITING THE PROPERTY. ADDITIONAL DETAILS CAN BE SEEN AT CHICORYLANE.COM/EVENTS. WE ALSO RECEIVED APPROVAL FROM LOCAL GOVERNMENT OF OUR REQUEST FOR CONDITIONAL USE PERMITTING FOR BOTH INDOOR AND OUTDOOR RECREATIONAL ACTIVITIES.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

7,419.

ACTIVITY TWO

WE CONTINUED TO PUBLISH A WELL-RECEIVED NEWSLETTER AS WELL AS ANNOUNCEMENTS AND DESCRIPTIONS OF UPCOMING EVENTS. IN 2025, THERE WERE SOME 18 SUCH PUBLICATIONS, DISTRIBUTED TO OVER 500 RECIPIENTS RESULTING IN AN OPEN RATE OF 71%, APPROXIMATELY TWICE THE AVERAGE FOR PUBLICATIONS BY SIMILAR GROUPS. THESE WERE FACILITATED BY OUR PART-TIME COMMUNICATIONS AND COORDINATION DIRECTOR. WE WERE PARTICULARLY PLEASED WITH THE VERY POSITIVE FEEDBACK WE RECEIVED FROM OUR SUBSCRIBERS OF BOTH THE INTEREST AND PROFESSIONAL QUALITY OF OUR PUBLICATIONS. MANY POINTED OUT THERE WAS A QUIRKY, UNUSUAL NOTE TO OUR LAND-SITUATED PUBLICATIONS THAT GRABBED THEIR ATTENTION AND MADE THEM SMILE, ESPECIALLY IN THE SEASONS WHEN THE LAND ITSELF, WAS LESS INVITING.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 2

4,304.

ACTIVITY THREE

WE HAVE CONTINUED OUR OUTREACH PROJECT WITH A NEARBY AMISH LANDOWNER AND FARMER INTERESTED IN IMPROVING THE ECOLOGICAL QUALITY OF MARGINAL SEGMENTS OF HIS PROPERTY TO BETTER SERVE WILDLIFE AS WELL AS THE NATURAL LANDSCAPE. DURING 2025, WORK WAS CONCENTRATED ON A 2-3 ACRE SEGMENT, AT THE BOTTOM OF A SHALLOW SWELL, OF A FREQUENTLY WET MEADOW AREA. DURING THE YEAR, INVASIVE GRASSES AND SHRUBS WERE CUT SEVERAL TIMES. A LOW-CONCENTRATE HERBICIDE WAS CAREFULLY APPLIED IN A MANNER TO NOT INFRINGE ON THE FARMER'S ORGANIC DESIGNATION, AND, OVER 200 NATIVE SHRUBS AND TREES WERE PLANTED. WE HOPE TO DOUBLE THE NUMBER OF PLANTINGS DURING 2026. IF ALL GOES WELL, WE HOPE TO EXTEND THE PROJECT OVER THE NEXT YEAR OF SO TO AN AREA ROUGHLY TWICE THE SIZE THAT CONTINUES WEST OF THE CURRENT AREA.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3

0.

ACTIVITY FOUR

A NEW INITIATIVE BEGUN IN 2025 WAS AN UPDATE OF OUR LAND AND FOUNDATION WEBSITE, (CHICORYLANE.COM) AND THE ADDITION OF AN AI-BASED CHATBOT THAT HAS KNOWLEDGE OF PARTICULAR INFORMATION ABOUT CHICORYLANE INCLUDING ITS ORGANIZATIONAL STRUCTURE, ITS MISSION, ITS ACTIVITIES, AND MANY OF THE CONCEPTS THAT UNDERLIE ITS WORK. SINCE THE BOT IS BUILT ON TOP OF A CONVENTIONAL LARGE LANGUAGE MODEL (LLM), IN OUR CASE OPENAI'S CHATGPT 4, IT CAN RELATE CLF'S PARTICULAR IDEAS AND PRACTICES WITHIN MORE GENERAL ECOLOGICAL AND CONSERVATION SOURCES. FOR EXAMPLE, CHICORYLANE MAKES SUBSTANTIAL USE OF CONCEPTS AND RESEARCH ASSOCIATED WITH PROF. DOUGLAS TALLAMY. USING THE BOT, WE CAN EXPLORE NOT JUST SIMILARITIES BUT ASK IT TO POINT OUT NOTABLE DIFFERENCES, AS WELL.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 4

535.

NAME OF MANAGER

JOHN B. SMITH  
CATHERINE F. SMITH