PUBLIC DISCLOSURE COPY



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For the 2	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending Jt	JN 30, 2023							
B	Check if applicable:	C Name of organization		D Employer identifi	cation number						
	Address change	LAKELAND FOUNDATION									
	Name change	Doing business as		84-3741868							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	· · · · · · · · · · · · · · · · · · ·								
	Final return/	1500 CORNWALL AVENUE	(360)671-646	53							
	termin- ated	G Gross receipts \$	266,043.								
	Amende return	H(a) Is this a group r									
	Applica- tion pending	for subordinates	S? Yes X No								
		SAME AS C ABOVE		H(b) Are all subordinates in							
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions						
	Website			H(c) Group exemption							
		rganization: X Corporation Trust Association Other	L Year of	of formation: 2019	M State of legal domicile: WA						
F		Summary									
é	1 B	riefly describe the organization's mission or most significant activities: <u>PRESER</u> ROPERTIES AS ACTIVE AGRICULTURAL LAND AND FORESTED AREA.	VE LAKELA	ND FARMS							
Activities & Governance				1							
ern	2 C 3 N	heck this box if the organization discontinued its operations or dispose		I .	sets.						
ğ				5							
<u>م</u>	4 N 5 Te	umber of independent voting members of the governing body (Part VI, line 1b)		-•							
ties	6 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a) otal number of volunteers (estimate if necessary)		6							
ť		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
Ă	b N	et unrelated business taxable income from Form 990-T, Part I, line 11			0.						
	2.1			Prior Year	Current Year						
	8 C	ontributions and grants (Part VIII, line 1h)		0.	0.						
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		0.	0.						
eve	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		83.	465.						
Ĕ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		238,734.	248,146.						
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		238,817.	248,611.						
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		180,000.	180,000.						
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
x pe	. ьт	otal fundraising expenses (Part IX, column (D), line 25)	0.								
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,455.	23,152.						
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		321,455.	203,152.						
		evenue less expenses. Subtract line 18 from line 12	-82,638.	45,459.							
t Assets or			Beg	ginning of Current Year	End of Year						
sets	д 20 То	otal assets (Part X, line 16)		10,581,287.	10,626,644.						
it As	21 To	otal liabilities (Part X, line 26)		45,184.	45,082.						
Plet.		et assets or fund balances. Subtract line 21 from line 20		10,536,103.	10,581,562.						
		Signature Block									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer		Date								
Here												
	Type or print na	Type or print name and title										
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN						
Paid	MEGAN R. RY		MEGAN R. RYAN	11/10/23	self-employe	ed P00737884						
Preparer	Firm's name	CLARK NUBER PS			Firm's EIN	91-1194016						
Use Only	Firm's address	10900 NE 4TH ST STE 1400										
		BELLEVUE, WA 98004			Phone no.425	-454-4919						
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No					
						000						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2022) LAKELAND FOUNDATION	84-3741868 Pag	ge 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	[
1	Briefly describe the organization's mission:		
	PRESERVE LAKELAND FARMS PROPERTIES AS ACTIVE AGRICULTURAL LAND AND		
	FORESTED AREA THAT GENERATES LEASE REVENUE SUPPORTING THE JANSEN ART		
	CENTER AND OTHER NONPROFIT ORGANIZATIONS SERVING WHATCOM COUNTY IN		
	WASHINGTON STATE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves X	No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	assured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expenses, and	
40			
4a	(Code:) (Expenses \$	\$)
	GRANT SUPPORTING THE WORK OF THE JANSEN ART CENTER.		
	GRANI SUPPORTING THE WORK OF THE JANSEN ART CENTER.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		· .	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 180,000.		
		- 000 (a	

Form	990 (2022) LAKELAND FOUNDATION 84-374186	8	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21	х	

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LAKELAND FOUNDATION

Pa	t IV Checklist of Required Schedules (continued)			0	
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete				
	Schedule J	23	х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v	
~ /	contributions? If "Yes," complete Schedule M	30		X X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x	
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 11	
33		33		x	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33			
54		34	х		
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
		38	х		
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			•	
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2			
		D			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

		(2022) LAKELAND FOUNDATION	84-3741868		Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	s No
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed	for the calendar year ending with or within the year covered by this return 2a	0		
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,	
3a	Did 1	the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	lf "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	,	
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
		ncial account in a foreign country (such as a bank account, securities account, or other financial account)?		i l	x
b		es," enter the name of the foreign country			
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	'		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
c		es" to line 5a or 5b, did the organization file Form 8886-T?			
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		_	
ou		contributions that were not tax deductible as charitable contributions?			x
h		es," did the organization include with every solicitation an express statement that such contributions or gifts			-
D		e not tax deductible?	6b		
7		anizations that may receive deductible contributions under section 170(c).			
7	-		to the payor?		x
a		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided t			
b		es," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.
			<u>7c</u>		X
d		es," indicate the number of Forms 8282 filed during the year 7d			
е					X
f					X
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re			
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forn	n 1098-C? 7h		_
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	spor	nsoring organization have excess business holdings at any time during the year?			
9	Spo	nsoring organizations maintaining donor advised funds.			
а	Did 1	the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	I	
b	Did 1	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		,	
10	Sect	tion 501(c)(7) organizations. Enter:			
а	Initia	ation fees and capital contributions included on Part VIII, line 12			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Sect	tion 501(c)(12) organizations. Enter:			
а	Gros	ss income from members or shareholders			
b		ss income from other sources. (Do not net amounts due or paid to other sources against			
	amo	unts due or received from them.)			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	э	
		es," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.			
а	ls th	e organization licensed to issue qualified health plans in more than one state?	13:	a	
		e: See the instructions for additional information the organization must report on Schedule O.			
b		er the amount of reserves the organization is required to maintain by the states in which the			
		Inization is licensed to issue qualified health plans			
с		er the amount of reserves on hand			
14a			14;		x
		the organization receive any payments for indoor tanning services during the tax year? es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····		
15			40		x
		ess parachute payment(s) during the year?			Λ
40		es," see the instructions and file Form 4720, Schedule N.			v
16		e organization an educational institution subject to the section 4968 excise tax on net investment income?			X
_		es," complete Form 4720, Schedule O.			
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	-	
	If "Y	es," complete Form 6069.			

Form	990 (2022) LAKELAND FOUNDATION	84-3741868			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow, and for a "	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	ther			
	officer, director, trustee, or key employee?	·····	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?	·····	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	1?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·····	5		<u>X</u>
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o	r			
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or			
-	persons other than the governing body?	·····	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow		-	v	
a	The governing body?		8a	X X	
b	Each committee with authority to act on behalf of the governing body?		8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	·.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili	ates	100		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	atos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	a the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ĭ			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Г	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ				
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	[13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indeper	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	·····	15a		Х
b	Other officers or key employees of the organization	ļ	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	I			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip	oation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
600	exempt status with respect to such arrangements?	<u></u>	16b		
	tion C. Disclosure				
17 19				wailet	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se for public inspection. Indicate how you made these available. Check all that apply.	010101001000	orny) a	avalidi	JIC
	Own website X Another's website X Upon request Other (explain on Schedu)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte		financ	ial	
	statements available to the public during the tax year.	tot policy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords			
	MARCUS WAROLIN - (360) 671 6463				
	1500 CORNWALL AVENUE, SUITE 202, BELLINGHAM, WA 98225				

Form 990 (2	2022) LAKELAND FOUNDATION	84-3741868	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	ete this table for all persons required to be listed. Report compensation for the calendar year endir Il of the organization's current officers, directors, trustees (whether individuals or organizations)	8	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated
	hours per	box, unless pers		person is both an a director/trustee)			compensation	compensation	amount of	
	week				irector/irustee)		tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor	<u> </u>	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MAURI INGRAM	1.00									
EXECUTIVE DIRECTOR	40.00			х				0.	187,766.	31,090.
(2) BRAD WILLIAMSON	0.50									
PRESIDENT	2.00	Х		х				0.	0.	0.
(3) JENNY WEEKS	0.10									
VICE PRESIDENT	2.00	Х		х				٥.	0.	0.
(4) KEVIN DEYOUNG	0.30									
TREASURER	0.00	Х		х				0.	0.	0.
(5) VIC JANSEN (THROUGH NOV 2022)	0.10									
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) KAREN OCCHIOGROSSO	0.10									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) JODY STARKENBURG	0.10									
BOARD MEMBER	0.00	Х						0.	0.	0.

	990 (2022) LAKELAND FOUN	IDATION								84-374	1868		Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	Pos heck i ss per	more rson i	l than d s both r/trus T	n an	(D) Reportable compensation from	(E) Reportable compensation from related	I	am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/	fro orga anc	oensa om the anizat I relate nizatie	e ion ed
											_			
	Subtotal								0.	187,7	66.		31,	090.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	187,7			31,	090.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
											_	_	Yes	No
3	Did the organization list any former officer,											3		х
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors		201	5/ 30		5013	011				<u></u>	-		
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ensation	n fro	m	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	Con	(C nper	i) Isatio	n
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	0	ot lin	niteo	d to		se lis	ted	above) who received mo	ore than				

232008 12-13-22

	<u>1 990 (</u>) FOUNDAT	TION				84-374186	8 Page 9
Pa	rt VII									
		Check if Schedule O	conta	ains a respo	onse or	note to any line	((P)		
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ς, γ	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b									
n Gr	c									
àifts ar A	d									
s, G milå	е	• · · · · ·								
tion r Si	f	All other contributions, gifts,	grant	s, and						
ibut		similar amounts not included	d abov	'e 1f						
ontr Id C	g		lines 1	a-1f 1g	\$					
an	h	Total. Add lines 1a-1f								
	_				-	Business Code				
Program Service Revenue	2 a									
serv ue	b									
m S ven	c d									
gra Re	u e									
Pro	f	All other program service	rever	ามค						
	g	Total. Add lines 2a-2f								
	3	Investment income (inclu								
							465.			465.
	4	Income from investment	exempt bo	ond pro	ceeds					
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	265,5						
	b		6b	17,4						
	С	()	6c	248,1	L46.		240 146			240,146
	_ d		\$)	(i) Coourrit		(ii) Other	248,146.			248,146.
	7 a	Gross amount from sales of	-	(i) Securit	lies	(ii) Other				
	h	assets other than inventory Less: cost or other basis	7a							
e	U	and sales expenses	7b							
evenue	c	Gain or (loss)								
Jev		Net gain or (loss)								
Other Re	8 a	Gross income from fundrais	ing ev	ents (not						
Oth		including \$								
		contributions reported on	line '	1c). See						
		Part IV, line 18			8a					
					8b					
		()								
	9 a	Gross income from gamir								
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from Gross sales of inventory,			s					
	10 a	and allowances			102					
	b	Less: cost of goods sold								
		Net income or (loss) from								
		(, o				Business Code				
Miscellaneous Revenue	11 a				[
ane	b									
cella eve	с									
Misc	d	All other revenue			L					
-	е	Total. Add lines 11a-11d								
	12	Total revenue. See instructi	ons				248,611.	0.	0.	248,611.

9

LAKELAND FOUNDATION

(D)

Fundraising

expenses

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 180,000 180,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses _____ 13 Information technology 14 Royalties 15 16 Occupancy _____ Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

ADMINISTRATIVE FEES

MEMBERSHIP DUES

All other expenses

Other employee benefits

2,192. 2,192, 60. 60. 2,685. 2,685. 150. 150, 18,000, 18,000 65 65 203,152, 180,000 23,152 0.

Check here

а

b С d

е

25 26

Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

orm	990 (2	2022) LAKELAND FOUNDATION			84-374	11868 Page 11
	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		81,287.	2	126,644.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
<u></u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b		10,500,000.	10c	10,500,000.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		10,581,287.	16	10,626,644.
	17	Accounts payable and accrued expenses		184.	17	82.
	18	Grants payable		45,000.	18	45,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to any current or former off				
labilities		trustee, key employee, creator or founder, substantial				
l a		controlled entity or family member of any of these per			22	
-	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	4). Complete Part X			
	00	of Schedule D	·····	AE 104	25	45 000
	26	Total liabilities. Add lines 17 through 25	re X	45,184.	26	45,082.

10,626,644. 33 Form 990 (2022)

27

28

29

30

31

32

10,536,103.

10,536,103.

10,581,287.

10,581,562.

10,581,562.

Form	1990 (2022) LAKELAND FOUNDATION	84-3741868	3	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		248,	611.
2	Total expenses (must equal Part IX, column (A), line 25)	2		203,	152.
3	Revenue less expenses. Subtract line 2 from line 1	3		45,	459.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	536,	103.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,	581,	562.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ

Form **990** (2022)

(Form 990)

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Name of the organizati	on						Employer	identification number
		ND FOUNDATION						84-3741868
Part I Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	See instructior	ıs.	
The organization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1 🗌 A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2 A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3 🗌 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	ii).		
4 A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat	e:							
5 📃 An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general	oublic described in
		omplete Part II.)						
			(1)(A)(vi). (Complete Par					
9 An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
university:								
-		• • • •	than 33 1/3% of its supp				-	•
			t to certain exceptions; a					
			(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		mplete Part III.)						
	-	-	ively to test for public sat	•				
			ively for the benefit of, to					
			ed in section 509(a)(1) o					Sneck the box on
			f supporting organization					
		-	upervised, or controlled	• • • •	-		•••••	
	-		gularly appoint or elect a	majority d	or the direc	clors or truste	es of the st	ipporting
		complete Part IV, Se		ion with it	oupporte	d organizatio	n(a) by ba	up a
		-	l or controlled in connect			-		-
	-	it complete Part IV,	anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Jonea
	. ,	•		in connoct	tion with	and functions	lly intograte	d with
	-		g organization operated). You must complete I				ily integrate	a with,
			orting organization oper				rtod organi	zation(c)
	-		zation generally must sat				-	
	-		mplete Part IV, Sections	•		-		101033
·		,	written determination from				II. Type III	
	-		nally integrated supportin			турсі, турс	п, турс ш	
f Enter the number		·						2
	• •	n about the supporte						
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
JANSEN ART CENTER		45-4060718	7	x			180,000.	
WHATCOM COMMUNITY	FOUNDATION	91-1726410	8	x			0.	

180,000.

٦

Ο.

	AKELAND FOUNDA				84-37418	rage
Part II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi	i)
(Complete only if you checke			•	n failed to qualify ι	under Part III. If the	organization
fails to qualify under the test	s listed below, plea	se complete Part	III.)			
ection A. Public Support	1		1			
lendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4.						I
endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 4		(6) 2010	(0) 2020			
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. Add lines 7 through 10						
Gross receipts from related activities	, etc. (see instructio	ons)			12	
First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3)	
organization, check this box and sto						L
ection C. Computation of Publ						
Public support percentage for 2022 (-				
Public support percentage from 202					15	
a 33 1/3% support test - 2022. If the						
stop here. The organization qualifies		-				
b 33 1/3% support test - 2021. If the						
and stop here. The organization qua						
a 10% -facts-and-circumstances tes						
and if the organization meets the fac			-	-	-	
	est The organizatio	n qualifies as a p	ublicly supported o	rganization		L
meets the facts-and-circumstances to	-	and an address of the second	ala al contrato de la	10 10 10	17	100/
b 10% -facts-and-circumstances tes	t - 2021. If the org					10% or
	t - 2021. If the org he facts-and-circum	nstances test, che	eck this box and s t	top here. Explain i	n Part VI how the	10% or

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 LAKELAND FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
0		- 0					
	tion C. Computation of Publi						
	Public support percentage for 2022 (I		•	olumn (f))		15	%
-	Public support percentage from 2021	· · · · ·				16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and lir	ne 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Х 1 x 2 Х 3a 3b 3c x 4a 4b 4c Х 5a 5b 5c Х 6 Х 7 Х 8 Х 9a Х 9b Х 9c x 10a

Schedule A (Form 990) 2022 LAKELAND FOUNDATION	84-3741868	Pa	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		X
b A family member of a person described on line 11a above?	11b		X
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		Х
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	ponteu organ		
Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

х

Yes

Yes No

Х

No

1

2

1

chedule A (Form 990) 2022 LAKELAND FOUNDATION			84-3741868 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Suppor			
1 Check here if the organization satisfied the Integral Part Test as a quali			Part VI). See instructions
All other Type III non-functionally integrated supporting organizations m	nust complete S	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
B Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
B Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-function 		Type III supporting or	anization (see
instructions)	many integrated	i type in supporting org	Janization (see

instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 LAKELAND FOUNDATION			84-3741868	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continuea}	/)	
Secti	on D - Distributions			Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10	D	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

LAKELAND FOUNDATION

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022 LAKELAND FOUNDATION	84-3741868	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, Section E, lines 2, S	s 1 and 2; Part IV, Sectior t V, Section B, line 1e; Pa	C, rt V,
	(See instructions.)		

(Form 990)	
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
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2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name	of the	organization
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LAKELAND FOUNDATION

Employer identification number

84-3741868

Pa	rtl	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the
			(a) Donor advised	d funds	(b) Funds and other accounts
1	Tota	number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		he organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fu	nds
		ne organization's property, subject to the organization's e	-		
6		he organization inform all grantees, donors, and donor a			
		naritable purposes and not for the benefit of the donor or			
		rmissible private benefit?			
Pa	rt II	Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part I	V, line 7.
1	Purp	ose(s) of conservation easements held by the organizatio	on (check all that apply).		
		Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	torically important land area
		Protection of natural habitat		Preservation of a ce	rtified historic structure
		Preservation of open space			
2		plete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a c	
	-	of the tax year.			Held at the End of the Tax Year
а	Tota	number of conservation easements			2a
b					
С		ber of conservation easements on a certified historic stru			2c
d		ber of conservation easements included in (c) acquired a	•		
		ric structure listed in the National Register			2d
3	Num	ber of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	nization during the tax
	year				
4		ber of states where property subject to conservation eas			
5		the organization have a written policy regarding the peri			
•		tions, and enforcement of the conservation easements it			
6	Stan	and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and	a enforcing conservat	ion easements during the year
7	Amo	 unt of expenses incurred in monitoring, inspecting, handl	ling of violations, and enf	orcina conservation e	asements during the year
			5	5	5,
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(8	3)(i)
		section 170(h)(4)(B)(ii)?			
9	In Pa	rt XIII, describe how the organization reports conservation			
	balar	nce sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements t	hat describes the
		nization's accounting for conservation easements.			
Pa	rt III	Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and ba	alance sheet works
	of ar	, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public
	servi	ce, provide in Part XIII the text of the footnote to its finan	cial statements that desc	ribes these items.	
b	If the	organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and baland	ce sheet works of
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	•	de the following amounts relating to these items:			
		Revenue included on Form 990, Part VIII, line 1			
	• •				
2		organization received or held works of art, historical trea		-	, provide
		ollowing amounts required to be reported under FASB AS	-		
а		nue included on Form 990, Part VIII, line 1			<u> </u>
<u>b</u>					
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

<u>Sche</u>	dule D (Form 990) 2022 LAKELAND FC							84-374		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sign	ificant us	se of its			
	collection items (check all that apply):			•	C C						
а	Public exhibition	c	i 🗌	Loan or exc	change progra	m					
b	Scholarly research	e			0 1 0						
c	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how th	ev further th	ne organizatio	n's exempt	t purpos	e in Part 3	KIII.		
5	During the year, did the organization solicit o	-		-	-	-					
-	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arrange										<u>,</u>
	reported an amount on Form 990, Par			organizatio			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r arc rv, n	110 0, 01		
19	Is the organization an agent, trustee, custodia		liany for (contribution	s or other ass	ets not inc	luded				
ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟] 165		
D		and complete the lo	nowing t	able.					Amount		
-	Designing belonce								7 thount		
	Beginning balance										
	Additions during the year						1d				
-	Distributions during the year						1e				
t	Ending balance								1		1
	Did the organization include an amount on Fo					-	?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Fai	t V Endowment Funds. Complete i						. Thursday	ana haali	(-) [haali
		(a) Current year	- (a)	rior year	(c) Two years	S DACK (O) Three ye	ars back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses		ation tha	t are held a	nd administere	ed for the					
	organization by:	-								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or c	ther	(h) Cos	t or other		umulated	4	(d) Book	value	
		basis (investr		• •	(other)	• •	ciation		(u) Book	value	
19	Land	· · · · ·	7		,500,000.				10	500,0	000.
	Land				,,				,	,	
	Buildings Leasehold improvements										
	Equipment										
	Other		. ·						10	500,0	000
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part</u>	X, colun	nn (B), line 1	<u>()c.)</u>						
							S	Schedule	D (Form	990)	2022

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Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Descrip	Dition of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives	()		,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Faitix	Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soc Form 000 Part V line 15	
		Description	The see Form 390, Fait A, line 13.	(b) Book value
(4)	(a) (Description		
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	10.)		ł
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col)	imp (b) must squal Form 000. Port X asl. (P) line	25 \		

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 LAKELAND FOUNDATION		84-3741868	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	<u>4c</u>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)	⁹⁰⁾ Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Internal Revenue Servi								Open to Public Inspection
Name of the orga	anization LAKELAND FOUN	DATION						Employer identification number 84-3741868
Part I Gen	eral Information on Grants a	and Assistance						
criteria use 2 Describe ir Part II Gran	organization maintain records and to award the grants or assist a Part IV the organization's pro- ants and Other Assistance to bient that received more than s	stance? ocedures for monit Domestic Organiz	oring the use of grant cations and Domestic	funds in the United	l States. Complete if the orga			X Yes No
1 (a) Name a	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JANSEN ART C 321 FRONT ST LYNDEN, WA 9		45-4060718	501(C)(3)	180,000.	0.			UNRESTRICTED SUPPORT
	number of section 501(c)(3) a number of other organization			e line 1 table			1	1. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

LAKELAND FOUNDATION

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONS THAT ARE AWARDED RESTRICTED GRANTS ARE REQUIRED TO

ACKNOWLEDGE GRANT PURPOSE.

Page 2

sc	SCHEDULE J Compensation Information					47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				22		
Depa	tment of the Treasury		Open to Inspe		ic		
-	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Nan	e of the organizatior		Employer ider		on nui	nper	
Da	rt I Question	s Regarding Compensation	84-374	1808			
	iti Questiona				Yes	No	
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Tes	No	
		line 1a. Complete Part III to provide any relevant information regarding these items.	550,				
	First-class or c		naluse				
	Travel for com						
		ation and gross-up payments					
		spending account					
			, ,				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•			1b			
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	i				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee Written employment contract					
	Independent compensation consultant						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	ated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
С	-	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	.						
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the re			-		v	
a ⊾				5a		X X	
b		ation?		5b		A	
c		r 5b, describe in Part III. In Form 999, Bart VII. Section A, line 1a, did the organization new or ecorris any componentia					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of compare of	41				
~	contingent on the n			6a		x	
a b	Any related organiz	ntion?		6b		x	
U		ation? r 6b, describe in Part III.		00			
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
'		es 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				<u> </u>	
0				8		x	
9		d the organization also follow the rebuttable presumption procedure described in		0			
5		53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2022	
		· · · · · · · · · · · · · · · · · · ·				_	

84-3741868

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-N compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAURI INGRAM	(i)	0.	0.	0.	0.	0.	0.	0
EXECUTIVE DIRECTOR	(ii)	183,566.	4,200.	0.	18,777.	12,313.	218,856.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on		2022
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employor	Inspection identification number
Name of the organizatior	LAKELAND FOUNDATION		741868
FORM 990, PART I,	LINE 6:		
THE VOLUNTEERS ARE	MADE UP OF OUR UNPAID BOARD MEMBERS WHO SERVE AN		
AVERAGE OF 55 HOUR	S OF VOLUNTEER TIME ANNUALLY. THE BOARD HOLDS 2		
MEETINGS ANNUALLY	AND THE TREASURER REVIEWS FINANCIALS AND		
RECONCILIATIONS MO	NTHLY.		
FORM 990, PART VI,	SECTION A, LINE 2:		
VIC JANSEN, JODY S	TARKENBURG AND BRAD WILLIAMSOM HAVE A FAMILIAL		
RELATIONSHIP.			
FORM 990, PART VI,	SECTION A, LINE 3:		
LAKELAND FOUNDATIO	N AND WHATCOM COMMUNITY FOUNDATION HAVE ENTERED INTO A		
MANAGEMENT AGREEME	NT WHEREAS THE LATTER HAS AGREED TO PROVIDE SERVICES THAT		
INCLUDE: GRANTMAKI	NG, FINANCIAL MANAGEMENT, ADMINISTRATIVE SERVICES AND		
BOARD OF DIRECTOR'	S SUPPORT. MAURI INGRAM, CEO/PRESIDENT OF THE WHATCOM		
COMMUNITY FOUNDATI	ON WAS ALSO NAMED AS THE UNPAID EXECUTIVE DIRECTOR OF THE		
LAKELAND FOUNDATIO	N		
FORM 990, PART VI,	SECTION A, LINE 7A:		
THE JANSEN FAMILY	TRUST COMPANY HAS THE RIGHT TO APPOINT TWO FAMILY		
DIRECTORS. WHATCOM	COMMUNITY FOUNDATION APPOINTS TWO DIRECTORS. JANSEN ART		
CENTER APPOINTS ON	E DIRECTOR. ALL DIRECTORS RETAIN THE SAME VOTING RIGHTS.		
FORM 990, PART VI,	SECTION A, LINE 7B:		
ANY AMENDMENT TO T	HE GOVERNING DOCUMENTS THAT AFFECTS THE STATUS OF EITHER		
SUPPORTED ORGANIZA	TION AS A NAMED SUPPORTED ORGANIZATION, OR THEIR RIGHTS		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
LAKELAND FOUNDATION	84-3741868

WITH RESPECT TO THE CORPORATION, MUST BE APPROVED BY THE AFFECTED NAMED

SUPPORTED ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS SENT TO ALL DIRECTORS FOR

REVIEW PRIOR TO THE BOARD MEETING. THE FILING COPY OF FORM 990 IS MADE

AVAILABLE AT THE BOARD MEETING FOR REVIEW BY EACH DIRECTOR PRIOR TO FILING

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DECLARATIONS ARE COMPLETED ANNUALLY AND ARE AVAILABLE

AT ALL MEETINGS. IN ADDITION, MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL

CONFLICT AND MUST ABSTAIN FROM VOTING WHEN A CONFLICT ARISES. DECLARATIONS

AND ABSTENTIONS ARE RECORDED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WHATCOM

COMMUNITY FOUNDATION WEBSITE; GOVERNING DOCUMENTS AND POLICIES SUCH AS

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

LAKELAND FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
JANSEN ART CENTER - 45-4060718							
321 FRONT STREET							
LYNDEN, WA 98264	ARTS CENTER	WASHINGTON	501(C)(3)	LINE 7	N/A		х
WHATCOM COMMUNITY FOUNDATION - 91-1726410							
1500 CORNWALL AVENUE SUITE #202							
BELLINGHAM, WA 98225	COMMUNITY FOUNDATION	WASHINGTON	501(C)(3)	LINE 8	N/A		х
	_						

Employer identification number 84-3741868

OMB No. 1545-0047

Open to Public

Inspection

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Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
								──	──
								<u> </u>	<u> </u>
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2022 LAKELAND FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)		+	_
Lease of facilities, equipment, or other assets from related organization(s)	1k		T
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		_	_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Т

Schedule R (Form 990) 2022 LAKELAND FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	F	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V URI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec.)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												1
												

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LAKELA Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.