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CLIENT'S COPY



THE LANDER FOUNDATION C/O LANDER UNIV 320 STANLEY AVENUE GREENWOOD, SC 29649

THE LANDER FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

COPIES OF ALL RETURNS HAVE BEEN PROVIDED AND SHOULD BE RETAINED FOR YOUR FILES.

IF ONE OR MORE OF YOUR RETURNS IS BEING E-FILED, WE MUST RECEIVE BACK FROM YOU THE REQUIRED AUTHORIZATION FORM(S) BEARING YOUR SIGNATURE. YOU WILL FIND ENCLOSED ANY SUCH AUTHORIZATION FORM(S) NOT PREVIOUSLY PROVIDED TO YOU. IF YOU HAVE NOT SIGNED YOUR RETURNS DIGITALLY VIA SAFESEND, PLEASE SIGN AND RETURN SUCH FORM(S) TO US USING ONE OF THE FOLLOWING OPTIONS:

- SCAN AND SECURELY UPLOAD AT HTTPS://WWW.CLIENTAXCESS.COM/SHARESAFE/#/BROWNEDWARDS
- FAX TO US AT (540) 342-6181
- USE PROVIDED ENVELOPE TO MAIL TO THE OFFICE

IF ONE OR MORE OF YOUR RETURNS IS BEING FILED BY PAPER, EACH ORIGINAL PAPER RETURN SHOULD BE SIGNED, DATED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. PLEASE REVIEW BEFORE FILING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

BROWN, EDWARDS & COMPANY, LLP

Brown, Edwards Kompany, S. L. P.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

THE LANDER FOUNDATION C/O LANDER UNIV 320 STANLEY AVENUE GREENWOOD, SC 29649

PREPARED BY:

BROWN, EDWARDS & COMPANY, LLP 3906 ELECTRIC ROAD ROANOKE, VA 24018

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 20 23

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer THE LANDER FOUNDATION 57-0327816 JOE GREENTHAL Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **3 , 886 , 278 .**_____ Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BROWN, EDWARDS & COMPANY, LLP 27816 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54547524014 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. BROWN, EDWARDS & COMPANY, LLP 11/13/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

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

Form **8879-TE** (2022)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A r</u> | or the | e 2022 calendar year, or tax year beginning 00L 1, 2022 | and ending | jυ | UN 30, 40 | 43 | |
|-------------------------|--------------------------------------|--|----------------|--------|-----------------------|-----------------|-----------------------------|
| B (a | heck if | C Name of organization | | | D Employer ide | entific | ation number |
| | Addre | | | | | | _ |
| | Name chang | Doing business as | | | 57-032 | 781 | .6 |
| | Initial return Final return | Number and street (or P.O. box if mail is not delivered to street address) C/O LANDER UNIV 320 STANLEY AVENUE | Room/s | suite | E Telephone nu | mber | |
| _ | termin ated | | I | | G Gross receipts \$ | | 3,887,454. |
| Г | Ameno | | | | H(a) Is this a gro | un ret | |
| F | Applic tion | | | | for subordir | | |
| _ | pendir | | 9649 | | H(b) Are all subordin | | ·····= = |
| <u> </u> | ax-ex | | a)(1) or | 527 | | | ist. See instructions |
| | Vebsit | | <u> </u> | OLI | H(c) Group exen | | |
| | | organization: X Corporation Trust Association Other | T ₁ | Year (| | | State of legal domicile: SC |
| | art I | Summary | | Tour | <u> </u> | 9 101 | Otato or logar dormono, 2 |
| | 1 | Briefly describe the organization's mission or most significant activities: TO | RECEI | VE | , HOLD, M | ANA | GE, INVEST |
| Se | | OR ARRANGE FOR INVESTING AND TO ACQUIRE | | | | | |
| nan | l | Check this box if the organization discontinued its operations or discontinued its operation or discontinue | | | | | |
| ver | l | - | - | | | 3 | 17 |
| ဗိ | I | Number of independent voting members of the governing body (Part VI, line | | | | 4 | 17 |
| ფ | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | | 5 | 0 |
| iţi | I | Total number of volunteers (estimate if necessary) | | | | 6 | 0 |
| Activities & Governance | l | 27 | | | | 7a | 0. |
| Ă | I | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | 7b | 0. |
| | | | | T | Prior Year | | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | 5,276,95 | 1. | 2,374,729. |
| nue | l | Program service revenue (Part VIII, line 2g) | | | · · | 0. | 0. |
| Revenue | l | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 645,73 | 9. | 649,607. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 1,033,39 | | 861,942. |
| | I | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | | | 6,956,08 | | 3,886,278. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | , | | 990,67 | | 1,061,333. |
| | I | Benefits paid to or for members (Part IX, column (A), line 4) | | | , - | 0. | 0. |
| " | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | | | | 0. | 0. |
| ses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | 0. | 0. |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) | ,163. | | | | |
| Ĕ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 2,584,89 | 7. | 2,541,327. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 3,575,56 | 7. | 3,602,660. |
| | I | Revenue less expenses. Subtract line 18 from line 12 | | | 3,380,51 | 5. | 283,618. |
| or es | | | | Beg | ginning of Current Y | | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | | 43,720,22 | 1. | 46,107,969. |
| ASS | 21 | Total liabilities (Part X, line 26) | | | 9,848,66 | 4. | 9,602,536. |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 33,871,55 | | 36,505,433. |
| Pa | rt II | Signature Block | | | - | | - |
| Und | er pena | Ities of perjury, I declare that I have examined this return, including accompanying sche | edules and sta | ateme | nts, and to the best | of my l | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information | of which prep | parer | has any knowledge. | | |
| | | | | | | | |
| Sigi | n | Signature of officer | | | Date | | |
| Her | е | JOE GREENTHAL, TREASURER | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's signature | | D | Oate Che | ck | PTIN |
| Paid | l | EVAN ROSS EVAN ROSS | | 1 | 1/13/23 self | -employed | |
| Prep | arer | Firm's name BROWN, EDWARDS & COMPANY, LLP | | | Firm's Elf | ₁ 54 | 1-0504608 |
| Use | Only | Firm's address 3906 ELECTRIC ROAD | | | | | |
| | | ROANOKE, VA 24018 | | | Phone no | .540 | <u> </u> |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | | | | . X Yes No |

| Pa | t 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: |
| | TO RECEIVE, HOLD, MANAGE, INVEST OR ARRANGE FOR INVESTING AND TO |
| | ACQUIRE BY GIFT, DEVISE, BEQUEST, PURCHASE, OR OTHERWISE, AND USE |
| | PROPERTY OF ANY KIND AND FUNDS IN FURTHERANCE OF THE WELFARE OF LANDER |
| | UNIVERSITY. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? Yes 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 measured by expenses. |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4- | 4 600 040 |
| 4a | (Code:) (Expenses \$1,630,813. including grants of \$) (Revenue \$) INVEST IN AND MANAGE IN REAL ESTATE - THE ORGANIZATION ACQUIRES AND |
| | MANAGES PROPERTY TO BE USED FOR THE WELFARE OF THE ORGANIZATION AS WELL |
| | |
| | AS LANDER UNIVERSITY. THESE PROPERTIES ARE PRIMARILY USED FOR |
| | ADMINISTRATION PURPOSES, ATHLETIC FACILITIES, STUDENT HOUSING, AND |
| | MEETING SPACES AVAILABLE TO THE PUBLIC. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$842,967. including grants of \$842,967.) (Revenue \$) |
| | SCHOLARSHIPS- THE LANDER FOUNDATION PROVIDES FUNDS THROUGH SCHOLARSHIPS |
| | TO STUDENTS IN NEED. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 218,366. including grants of \$) (Revenue \$) |
| | FACULTY AND STAFF DEVELOPMENT AND RESEARCH- THE FOUNDATION FACULTY AND |
| | STAFF DEVELOPMENT COMMITTEE RECEIVES AND REVIEWS PROPOSALS AND AWARDS |
| | GRANTS REGARDING NEEDS OF THE UNIVERSITY, SUCH AS FACULTY AND STAFF. |
| | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Other program convices (Describe on Schedule O.) |
| 4d | Other program services (Describe on Schedule O.) |
| 4- | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,692,146. |
| <u>4e</u> | Total program service expenses 2,692,146. Form 990 (2022) |
| | FOIII 900 (2022) |

Part 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | <u> </u> | | |
| • | 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, | Ť | | |
| • | 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? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | Х | |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - | - 21 | |
| 9 | | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | v | |
| | 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, VIII, 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 | X | |
| 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 | | <u> </u> |
| 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 | |
| f | 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 | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | х |
| 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 | | <u></u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| -1 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | democre government on Fartix, column (-y, interier in Fes. Complete Schedule I, Parts Fand II | <u> </u> | | L |

57-0327816

Form 990 (2022) THE LANDER FOUNDATION

Part IV Checklist of Required Schedules (continued)

| | Continued) | | Yes | No |
|--------|---|----------------|---------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | X |
| | 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 | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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 | | <u>X</u> |
| 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 | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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 | 00- | | v |
| | "Yes," complete Schedule L, Part IV | 28a 28b | | <u> </u> |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 200 | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f | 28c | | х |
| 29 | "Yes," complete Schedule L, Part IV 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 | 25 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | • | | |
| - | Colorado N. Dort II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | 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? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | 990 | (0000) |
| 232004 | 4 12-13-22 | rorm | - JJU (| ZUZZ) |

022) THE LANDER FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| 2a to the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this ratum | | | | Yes | No |
|---|----------|---|-----|-----|-----------|
| b If a least one is reported on line 2a, did the organization file all required federal employment tax neturns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990T for this year? "Yes," to Jims 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a bank account, securities account, or the financial account? 4b If "Yes," enter the name of the foreign country Such as a bank account, securities account, or the financial account of EARA. 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Did to the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 5c Did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 6c Did the organization receive a pyment in excess of \$5° nate party as a contribution and party for goods and services provided to the payor? 7c Did the organization selection and prometic in excess of \$5° nate party as contribution and party for goods and services provided to the payor? 7d If "Yes," did the organization include with every solicitation and express statement that such contributions or giffs were not tax deductible? 6c Did the organization receive any purpose in excess of \$5° nate party as a contribution or or giffs or the goods or services provided? 7d If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor and to fine pay | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| 3a X X 1 1 1 1 1 1 1 1 | | filed for the calendar year ending with or within the year covered by this return |) | | |
| b If Yes, "Inset if leied a Form 990-T for this year? If Yeb" is five 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) b If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accountry) See instructions for filing requirements for FincENF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitor tax shelter transaction at any time during the tax year? 5a Was the organization and organization file Form 888617? 5b If Yes, "did the organization file Form 888617? 6c If Yes, "to life the organization in michade with every solicitation an express statement that such contributions or gifts were not tax deductible as charitatic contributions? 6a If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start may receive deductible contributions under section 170(c). a Did the organization inclease a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The section of the Section 170(c). a Uniform that may receive deductible contributions under section 170(c). a Uniform that may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The Contribution of access dispose of tample personal property for which it was required to file Form 82822 filed during the year 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received and contribution of access incosts, and the contribution of access incosts, and the organization file Form 8890 as required? 10 If the organization received and contribution of acc | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 4 A any time during the calendary year, did the organization have an interest in, or a signature or other autmority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If "Yes," either the name of the foreign country. 5 If "Yes 1 to the Sor 5b, did not organization that it was or is a party to a prohibited tax shelter transaction of the company of the organization than it was or is a party to a prohibited tax shelter transaction? 5 If "Yes 1 to the Sor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes 1 to the Sor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles charitable contributions? 6 If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. 6 If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," includes the number of Forms 8822 filed during the year 9 If "Yes," includes the number of Forms 8822 filed during the year. 9 If Yes, "Indicate the number of Forms 8822 filed during the year. 9 If the organization received a contribution of qualified intellectual property, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, on a personal benefit contract? 9 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098 CP Am Intellectual Property in the payor of the payor of the payor | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| francial account in a foreign country (such as a bank account, securities account, or other financial account)? bit Yes, enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any statelib party notify the organization file Form 888617? 6c If Yes' to line Sa or Sb, did the organization file Form 888617? 6d Does the organization and party to a prohibited tax shelter transaction? 5c If Yes' to line Sa or Sb, did the organization file Form 888617? 6d Does the organization and party to a prohibited tax shelter transaction or gifts were not tax deductible? bit If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). bit If Yes', did the organization notify the donor of the value of the goods or services provided? 7 Did the section of the section of the value of the goods or services provided? 7 Did the section of the section of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(12) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross recome from members or shareholders b Gross inco | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
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| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | | | | | |
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| If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Yes," see the instructions and file Form 4720, Schedule N. 19 X 10 X 11 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 10 X 11 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 10 X 11 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 11 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 12 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 12 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Is the organization and the organiza | | | 15 | | Х |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Yes," complete Form 4720, Schedule O. 19 16 X 10 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | | | |
| If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | 16 | | 16 | | Х |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | | | | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | |
| | | | 17 | | |
| | | | | | |

THE LANDER FOUNDATION 57-0327816 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section 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? | 10a | | Х |
|-----|---|-----|-----|---|
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | | 11a | х | |
| | | Ha | -22 | |
| b | | | 37 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | 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 independent | | | |
| | 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 | 15b | | X |
| | 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 | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| 600 | tion C. Disclosure | | | |

| 17 | List the states with which a copy of this Form 990 is required to be filed | SC |
|----|--|----|
| | | |

| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available |
|----|--|
| | for public inspection. Indicate how you made these available. Check all that apply. |

X Upon request Own website Another's website ___ Other *(explain on Schedule O)*

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records VAN TAYLOR - (864) 388-8350

LANDER UNIV 320 STANLEY AVENUE. GREENWOOD CO

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

| X Check this box if neither the organization ne | or any related | orga | niza | tion | con | nper | sat | ed any current officer, di | rector, or trustee. | |
|---|---------------------|-----------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------|-------------------------------|-----------------------|
| (A) | (B) | | | _ (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | າ than ເ | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | _ | | | | 1 | <u> </u> | from the | from related organizations | other compensation |
| | (list any hours for | director | | | | _ | | organization | (W-2/1099-MISC/ | from the |
| | related | 9e 0r | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | om pe | | 1099-NEC) | , | and related |
| | below | Individual trustee or | Institutional trustee | Je. | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) CLAY DORN | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (2) TERRY EVANS | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (3) KATHERINE FINKBEINER | 0.10 | | | | | | | | | |
| DIRECTOR | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (4) HOLLY BRACKNELL | 0.10 | | | | | | | | • | • |
| DIRECTOR | 0 10 | Х | | | | | | 0. | 0. | 0. |
| (5) CHRIS CABRI | 0.10 | 3,7 | | | | | | | 0 | 0 |
| DIRECTOR | 0 10 | Х | | | | | | 0. | 0. | 0. |
| (6) JOHN CRAIG | 0.10 | 3,7 | | | | | | | _ | 0 |
| OIRECTOR (7) STEPHAN MOYON | 0 10 | Х | | | | | | 0. | 0. | 0. |
| () , | 0.10 | v | | ₩. | | | | | 0 | 0 |
| VICE CHAIR (8) EMMETT MURRAY | 0 10 | Х | | Х | | | | 0. | 0. | 0. |
| | 0.10 | Х | | | | | | 0. | 0. | 0 |
| OIRECTOR (9) JOSIE RYAN | 0.10 | Λ | | | | | | | 0. | 0. |
| DIRECTOR | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (10) RICK FLOWE | 0.10 | Λ | | | | | | · · | 0. | 0. |
| DIRECTOR | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (11) DOUG KAUFFMANN | 0.10 | | | | | | | | 0. | 0. |
| DIRECTOR | 0.10 | Х | | | | | | 0. | 0. | 0. |
| (12) THEO LANE | 0.10 | | | | | | | | • | • |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (13) WARREN BACOTE | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) RICHARD COSENTINO | 0.10 | | | | | | | | - | - |
| DIRECTOR NON-VOTING | | Х | | | | | | 0. | 0. | 0. |
| (15) LORRAINE ANGELINO | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | L | L | L | | 0. | 0. | 0. |
| (16) STEVE BOLTON | 0.10 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) SANDY SINGLETARY | 0.10 | | | | | | | | | |
| DIRECTOR NON-VOTING | | Х | | | | | | 0. | 0. | 0. |

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| (B) | T . | , | | | | | (D) | | | (F) |
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| week | | | | | | | from | from related | | other |
| (list any | ctor | | | | | | the | organizations | cor | mpensation |
| hours for | r dire | | | | ted | | organization | (W-2/1099-MISC/ | | from the |
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| line) | ndividu | ıstituti | fficer | ey emp | ighest | ormer | | | org | ganizations |
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| out not limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | |
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| ors (including but n | ot lin | niteo | d to t | thos | | ted | above) who received mo | ore than | | |
| | (B) Average hours per week (list any hours for related organizations below line) 0.10 0.10 0.10 40.00 0.10 at VII, Section A but not limited to the ficer, director, trust for such individual ne sum of reportable \$150,000? If "Yes, er or accrue comper complete Scheduliest compensated incompensated incom | (B) Average hours per week (list any hours for related organizations below line) 0.10 X 0.10 X 0.10 X 0.10 X 10.10 X | (B) Average hours per week (list any hours for related organizations below line) 0.10 X 0.10 Image: Composition of those lister of those lis | (B) Average hours per week (list any hours for related organizations below line) 0.10 X 0.10 X 0.10 X 0.10 X X X X 0.10 X X X X A0.00 X X X A0.00 X X X A0.00 X X And | (B) Average hours per week (list any hours for related organizations below line) 0.10 X 0.10 X 0.10 X 0.10 X X X X 0.10 X X X X 0.10 X X X Average hours per week (list any hours for related organizations below line) 0.10 X X X X Average hours per week (list any hours for related organizations below line) 0.10 X X X X Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for such individual line sum of reportable compensation for such individual line sum of reportable compensation from any complete Schedule J for such person to the calendar year ending with organization for the calendar year ending with organizat | Average hours per week (list any hours for related organizations below line) O.10 X X X O.10 X X X X X X O.10 X X X X X X O.10 X X X X X X X O.10 X X X X X X X X O.10 X X X X X X X X X O.10 X X X X X X X X X X X X X X X X X X X | Average hours per week (list any hours for related organizations below line) O.10 X X X O.10 X X X X X O.10 X X X X X O.10 X X X X X X O.10 X X X X X X X O.10 X X X X X X X X X O.10 X X X X X X X X X X X X X X X X X X X | Average hours per week (list any hours for related organizations below line) O.10 X O.10 X O.10 X X O.10 X X O.10 X O.10 X X O.10 X O.10 X X O.10 O.10 X O.10 O.10 X O.10 O.10 | Average hours per week (list any hours for related organizations below line) 0.10 | (B) Average hours per loss of check more than one box, whese person is both an officer and a director/trustee) (list any hours for related organizations below line) |

57-0327816

Form 990 (2022) THE LAN
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
|--|------|---|--------------------|---------------------|-------------------|------------------|---------------------------------|
| | | | | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 a | Federated campaigns 1a | | | | | |
| ant | h | Membership dues 1b | | | | | |
| 9 5 | 0 | Fundraising events 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 4 | Related organizations 1d | | | | | |
| | u | | | | | | |
| ons, | e | 3 \ , | | | | | |
| utio | т | All other contributions, gifts, grants, and | 37/ 720 | | | | |
| ë | | | 374,729. | | | | |
| out | 9 | Noncash contributions included in lines 1a-1f | | 2 274 720 | | | |
| O g | n | Total. Add lines 1a-1f | | 2,374,729. | | | |
| | | | Business Code | | | | |
| <u>ic</u> | 2 a | | | | | | |
| erv | b | | | | | | |
| n S | С | | | | | | |
| ran 3ev | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| <u>م</u> | | All other program service revenue | | | | | |
| \rightarrow | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interest | est, and | | | | |
| | | other similar amounts) | | 623,418. | | | 623,418. |
| | 4 | Income from investment of tax-exempt bond p | roceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a 853,784. | | | | | |
| | | Less: rental expenses 6b 0 • | | | | | |
| | С | Rental income or (loss) 6c 853,784. | | | | | |
| | d | Net rental income or (loss) | | 853,784. | 853,784. | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 27,365. | | | | | |
| | b | Less: cost or other basis | | | | | |
| ē | | and sales expenses 7b 1,176. | | | | | |
| Revenue | С | Gain or (loss) 7c 26,189. | | | | | |
| 3e | | Net gain or (loss) | | 26,189. | 26,189. | | |
| her F | | Gross income from fundraising events (not | | | | | |
| 용 | • | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | 1 | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | - J | Part IV, line 19 9a | | | | | |
| | h | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | <u> </u> | | | | |
| | 10 4 | and allowances 10a | | | | | |
| | h | | | | | | |
| | | Less: cost of goods sold | 1 | | | | |
| $\overline{}$ | C | THE INCOME OF (1055) HOLL SAIRS OF HIVEHLOTY | Business Code | | | | |
| sn | 11 ^ | INTEREST INCOME FROM C | 611710 | 8,158. | | | 8,158. |
| ee ne | 11 a | | 011/10 | 0,130. | | | 0,100 |
| Miscellaneous Revenue | b | | | | | | |
| Sce | C | | | | | | |
| Ξ | a | All other revenue | | 8,158. | | | |
| | | Total Add lines 11a-11d | | 3,886,278. | 879,973. | 0. | 631,576. |
| | 12 | Total revenue. See instructions | | p,000,4/0• | 1 012,213. | ı ∪•∣ | 02T'2/0• |

232009 12-13-22

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,061,333. 1,061,333. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 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 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 4,643. 4,643. Legal 27,000. 27,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 51,985. 51,985. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 27,907. 27,907. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 1,121. 1,121. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 389,632. 389,632. 20 Payments to affiliates 21 435,561. 435,561. 22 Depreciation, depletion, and amortization 10,101. 10,101. 23 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 O.) 1,505,197. 801,227. 423,332. 280,638. STAFF SUPPORT SUPPORTING SERVICES 83,787. 48,262. 35,525. 4,393. 4,393. BANKING FEES С d All other expenses 3,602,660. 2,692,146. 594,351. 316,163. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|--|---|-----------------------|----------------------------|-----------|---------------------------|
| | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 1. | | |
| | 2 | Savings and temporary cash investments | | | 2,772,506. | 2 | 2,430,688. |
| | 3 | Pledges and grants receivable, net | 2,809,569. | 3 | 2,883,100. | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from any current of | r former | officer, director, | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqual | ified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | | | |
| Ř | 9 | Prepaid expenses and deferred charges | | | 14,142. | 9 | 14,566. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 22,131,482. | 1 | | |
| | b | | | | 17,950,928. | 10c | 17,527,968. |
| | 11 | Investments - publicly traded securities | | | 19,339,639. | 11 | 21,166,865. |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | 224 224 |
| | 13 | Investments - program-related. See Part IV, line | | | 722,365. | 13 | 924,994. |
| | 14 | Intangible assets | | 111 000 | 14 | 4 450 505 | |
| | 15 | Other assets. See Part IV, line 11 | 111,072. | 15 | 1,159,787 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 43,720,221. | 16 | 46,107,969. |
| | 17 | Accounts payable and accrued expenses | | 1 | 331,195. | 17 | 235,574. |
| | 18 | Grants payable | | | 18 | 271 072 | |
| | 19 | Deferred revenue | 0 600 000 | 19 | 371,073. | | |
| | 20 | Tax-exempt bond liabilities | | | 8,680,000. | 20 | 8,295,000. |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | 00 | |
| Liat | | controlled entity or family member of any of the | | | 810,648. | 22 | 671,520. |
| | 23 | Secured mortgages and notes payable to unrel | | | 010,040. | 23 24 | 0/1,520. |
| | 24 25 | Unsecured notes and loans payable to unrelate | | | | | |
| | 23 | Other liabilities (including federal income tax, parties, and other liabilities not included on line | | | | | |
| | | (0 | | | 26,821. | 25 | 29,369. |
| | 26 | | | | 9,848,664. | 26 | 9,602,536. |
| | | Organizations that follow FASB ASC 958, che | | | 3,010,0011 | 20 | 3,002,000 |
| es | | and complete lines 27, 28, 32, and 33. | JOK HOL | , <u></u> | | | |
| ů | 27 | • , , , | | | 9,319,896. | 27 | 10,061,107. |
| 3ala | 28 | | 24,551,661. | 28 | 10,061,107. 26,444,326. | | |
| βE | | Organizations that do not follow FASB ASC 9 | | eck here | , , | | |
| Ē | | and complete lines 29 through 33. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | Si Guilor fundo | 33,871,557. | 32 | 36,505,433. |
| 2 | 33 | | | | 43,720,221. | 33 | 46,107,969. |

| Pa | T XI Reconciliation of Net Assets | | | | | |
|----|---|----------|------------|---------------------------------------|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> . | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | <u>78.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | <u>60.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 18. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | <u>33,</u> | 87 | L,5 | 57. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1, | 802 | 2,8 | 62. |
| 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 | | 54' | 7,3 | 96. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 36, | 50 | 5,4 | <u>33.</u> |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> . | · · · · · · · · · · · · · · · · · · · | | X |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 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? | | L | 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 X 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 | - | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | L | За | | 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 | | <u></u> | 3b | 000 | |
| | | | Γ | orm | 990 | (2022) |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE LANDER FOUNDATION 57-0327816 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction 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 | 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | 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. | | | | | | |
| Sec | ction B. Total Support | T | Т | Γ | 1 | r | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | 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, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | | | | | | |
| 80 | organization, check this box and stop ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | oolumn (f)) | | 14 | 04 |
| | Public support percentage from 2021 | | | | | 15 | <u>%</u> |
| | 33 1/3% support test - 2022. If the | • | | line 13 and line | | | |
| 100 | stop here. The organization qualifies | | | | 14 13 00 17070 01 111 | | |
| h | 33 1/3% support test - 2021. If the | | • | | | | |
| | and stop here. The organization qual | - | | | | | |
| 17a | 10% -facts-and-circumstances test | | • • • | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | = | • | | |
| b | 10% -facts-and-circumstances test | - | • | | - | | |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circle | | | | | | |
| 18 | Private foundation. If the organization | | - | | | | s |
| | | | • | · | | | (Form 990) 2022 |

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.)

| Sed | ction A. Public Support | siow, picase comp | oicte i art ii.j | | | | |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| | ndar 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 | 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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2010 | (6) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | (i) iotai |
| | 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 | | | | | | |
| c | 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 | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | J | | , | • | () () | · — |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | , ,,, | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | . 10 1 (0) | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % 7 in |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

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Schedule A (Form 990) 2022

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.)

| | Yes | No |
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| Par | TIV Supporting Organizations (continued) | | | |
|--------|---|----------|-----|----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Sec | tion 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 one or 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. | 1 | | |
| 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, | | | |
| 800 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | Г | | Yes | No |
| 1 | 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). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | r | | 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst | truction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| 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. | 3b | | |

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

6

| Par | t v Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | <u>ıed) </u> | |
|-----------|---|-------------------------------|---------------------------------------|---|---|
| Secti | on D - Distributions | | | | Current Year |
| _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 | 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 | Г | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| _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 | | | | |
| <u>a</u> | From 2017 | | | | |
| <u>b</u> | From 2018 | | | | |
| c | From 2019 | | | | |
| <u>d</u> | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| <u>_i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| <u>i_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | 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, explain in | | | | |
| | 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 | | | | |
| <u>e</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

THE LANDER FOUNDATION

Employer identification number 57-0327816

| Pai | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | nilar Funds or Ac | counts. Complete if the |
|-----|--|---------------------------------------|---------------------------|---------------------------------|
| | , , , , _{, , , , , , , , , , , , , , ,} | (a) Donor advised | funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held | in donor advised fund | ds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant | funds can be used o | nly |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any | other purpose conferr | ing |
| | impermissible private benefit? | | | Yes No |
| Pai | rt II Conservation Easements. Complete if the organization | anization answered "Yes" | on Form 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreati | ion or education) | Preservation of a histo | orically important land area |
| | Protection of natural habitat | | Preservation of a certi | fied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contributi | on in the form of a co | nservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| С | Number of conservation easements on a certified historic structure | cture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired af | fter July 25,2006, and not | on a | |
| | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or ten | minated by the organi | zation during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection | n, handling of | |
| | violations, and enforcement of the conservation easements it l | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and | enforcing conservatio | n easements during the year |
| _ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ing of violations, and enfor | rcing conservation eas | sements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements (| of section 170(h)(4)(R) | (i) |
| Ü | and section 170(h)(4)(B)(ii)? | · · · · · · · · · · · · · · · · · · · | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| Ū | balance sheet, and include, if applicable, the text of the footnot | | • | |
| | organization's accounting for conservation easements. | oto to the organization o m | idioidi otatoriiorito tri | at describes the |
| Pai | rt III Organizations Maintaining Collections of | Art, Historical Treas | sures, or Other S | imilar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | ue statement and bala | ance sheet works |
| | of art, historical treasures, or other similar assets held for publ | • | | |
| | service, provide in Part XIII the text of the footnote to its finance | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | | sheet works of |
| | art, historical treasures, or other similar assets held for public | • | | |
| | provide the following amounts relating to these items: | , | | , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | (m) 4 | | | • |
| 2 | If the organization received or held works of art, historical trea- | | | provide |
| _ | the following amounts required to be reported under FASB AS | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2022 |

| | | DER FOUNDAT | | | | _ | | 57-0 | <u>327816</u> | Page 2 |
|-----|---|-------------------------|----------------|---------------|----------------|--------------|-----------|------------|-----------------------|------------|
| Par | t III Organizations Maintaining C | ollections of Art | t, Histo | rical Tre | asures, o | r Other | Simila | ar Asse | ts _{(contin} | ued) |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check a | any of the f | ollowing tha | t make si | gnificant | use of its | ; | |
| | collection items (check all that apply): | | | | | | | | | |
| а | X Public exhibition | d | L | oan or excl | hange progra | am | | | | |
| b | Scholarly research | е | | ther | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how the | y further th | e organizatio | on's exen | npt purp | ose in Par | t XIII. | |
| 5 | During the year, did the organization solicit or | receive donations o | of art, hist | orical treas | sures, or othe | er similar | assets | | | |
| | to be sold to raise funds rather than to be ma | intained as part of th | ne organiz | zation's col | lection? | | | | Yes | X No |
| Par | t IV Escrow and Custodial Arrang | gements. Comple | ete if the o | organizatio | n answered | "Yes" on | Form 99 | 0, Part IV | , line 9, or | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedi | ary for co | ontributions | or other as | sets not i | ncluded | | | |
| | on Form 990, Part X? | | | | | | | [| Yes | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | . 1c | | | |
| d | Additions during the year | | | | | | . 1d | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | | | | | | ty? | [| Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete it | the organization and | swered " | Yes" on Fo | rm 990, Part | : IV, line 1 | 0. | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two yea | rs back | (d) Three | years back | (e) Four | years back |
| 1a | Beginning of year balance | 21,326,094. | 21, | 962,591. | 15,87 | 4,547. | 14, | 956,491 | . 13, | 378,831. |
| b | Contributions | 812,546. | 3, | 349,285. | 2,24 | 2,867. | 1, | 026,236 | . 1, | 759,774. |
| С | Net investment earnings, gains, and losses | 2,086,850. | -3,: | 107,390. | 4,41 | 6,323. | | 394,330 | | 493,960. |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | 1,075,668. | | 878,392. | 57 | 1,146. | | 797,323 | | 676,074. |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 23,149,822. | 21, | 326,094. | 21,96 | 2,591. | 15, | 579,734 | . 14, | 956,491. |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1g, | column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | ıld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that | are held an | nd administer | red for th | е | | _ | |
| | organization by: | | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | | . 3a(i) | X |
| | (ii) Related organizations | | | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as require | ed on Sch | nedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | vment fu | nds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | , Part IV, | line 11a. S | ee Form 990 | , Part X, | line 10. | | | |
| | Description of property | (a) Cost or of | | | or other | | ccumula | | (d) Book | value |
| | | basis (investm | nent) | basis | · , | de | oreciatio | n | | |
| 1a | Land | | | | 2,830. | | | | | 2,830. |
| | Buildings | | | <u> 15,73</u> | <u>2,038.</u> | 4,5 | 514,7 | 700. | <u>11,217</u> | 7,338. |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| е | Other | | | 23 | 6,614. | | 88,8 | 314. | <u>1</u> 47 | 7,800. |

Schedule D (Form 990) 2022

17,527,968.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

| Part VII Investments - Other Securities. | R FOUNDATION | 37-0 | 327816 Pag |
|--|--------------------------------|--|-----------------------|
| Complete if the organization answered "Ye | es" on Form 990 Part IV line | 11b See Form 990 Part X line 12 | |
| (a) Description of security or category (including name of security | | (c) Method of valuation: Cost or end-of-y | vear market value |
| | | (c) Method of Valuation. Cost of ond of) | Tour market value |
| Financial derivatives | | | |
| 2) Closely 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 "Ye | | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-y | ear market value |
| (1) | , , | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Ye | es" on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. | line 15.) | | |
| Complete if the organization answered "Ye | es" on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 25. | |
| . (a) Description of liability | , , , , , | | (b) Book value |
| (1) Federal income taxes | | | .,, |
| (2) ACTUARIAL LIABILITY OF A | NNUITIES | | |
| (3) PAYABLE | | | 27,10 |
| \-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |

(3) PAYABLE 27,108.
(4) SHORT TERM LEASE LIABILITY 2,261.
(5)
(6)
(7)
(8)

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 ... 2

Schedule D (Form 990) 2022

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

29,369.

| Sche | edule D (Form 990) 2022 THE LANDER FOUNDATION | | | 57- | 0327816 Page |
|------|---|----------|---------------------|------------|---|
| Pai | t XI Reconciliation of Revenue per Audited Financial Statemer | nts With | n Revenue per Re | turn. | |
| | 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 | 5,608,264 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 1 000 000 | | |
| а | Net unrealized gains (losses) on investments | | 1,802,862. | - | |
| b | Donated services and use of facilities | | | - | |
| С | Recoveries of prior year grants | | 0.07 | - | |
| d | Other (Describe in Part XIII.) | 2d | -287. | | 1 000 575 |
| е | Add lines 2a through 2d | | | 2e | 1,802,575 |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,805,689 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | E1 00E | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 51,985. 28,604. | - | |
| b | Other (Describe in Part XIII.) | | • | | 80,589 |
| _C | Add lines 4a and 4b | | | 4c | 3,886,278 |
| Dai | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme | nte Wit | h Fynenses ner l | 5 Retur | |
| ı u | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | iii Experises per i | ictari | |
| 1 | | | | 1 | 3,522,770 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | • | 3,322,770 |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | | | 1 | |
| c | Other losses | | | 1 | |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,522,770 |
| 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 | 51,985. | | |
| b | Other (Describe in Part XIII.) | | 27,905. | | |
| С | Add lines 4a and 4b | | - | 4c | 79,890 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | | | 5 | 3,602,660 |
| Pa | rt XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi | | | l; Part) | K, line 2; Part XI, |
| PAI | RT X, LINE 2: | | | | |
| THE | E FOUNDATION HAS BEEN RECOGNIZED BY THE INT | ERNAI | REVENUE SE | RVI | CES AS A |
| TA | K-EXEMPT ORGANIZATION UNDER SECTION 501(C)(| 3) OI | THE INTERN | IAL I | REVENUE |
| COI | DE. ACCORDINGLY, INCOME EARNED IN FURTHERAN | ICE OI | THE FOUNDA | TIO | N'S |
| TA | K-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND | STAT | TE INCOME TA | XES | . ANY |
| AC. | TIVITIES NOT DIRECTLY RELATED TO THE FOUNDA | TION' | S TAX-EXEMP | T PI | URPOSE ARE |
| SUI | BJECT TO TAXATION AS UNRELATED BUSINESS INC | OME. | | | |
| | | | | | |
| | | | | | |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN ACTUARIAL LIABILITY OF ANNUITIES

Schedule D (Form 990) 2022

Part XIII | Supplemental Information (continued)

TRUST EXPENSES

PRIOR PERIOD ADJUSTMENT

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRUST EXPENSES

ROUNDING

COLLECTIONS DESCRIPTIONS (PART III, LINE 4)

THE FOUNDATION HAS PAINTINGS AND A LARGE RARE GEMSTONE WHICH ARE DISPLAYED AT LANDER UNIVERSITY AND ARE USED FOR EDUCATIONAL PURPOSES.

ENDOWMENT FUNDS INTENDED USES (PART V, LINE 4)

THE ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE WELFARE OF THE LANDER

FOUNDATION AND LANDER UNIVERSITY. THE ENDOWMENT CONTRIBUTIONS AND EARNINGS

ARE PRIMARILY USED TO PROVIDE SCHOLARSHIPS TO UNIVERSITY STUDENTS, PROVIDE

MONETARY SUPPORT FOR FACULTY RESEARCH AND STAFF DEVELOPMENT, AND TO

ACQUIRE PROPERTY USED BY AND FOR THE UNIVERSITY.

OTHER REVENUES NOT INCLUDED ON FORM 990 (PART XI, LINE 2D)

THE OTHER REVENUES NOT INCLUDED ON FORM 990 PART VIII LINE 12 CONSIST OF CHANGES IN ACTUARIAL LIABILITY OF ANNUITIES PAYABLE IN THE AMOUNT OF \$287.

FOOTNOTE FOR UNCERTAIN TAX POSITION UNDER FIN 48 (PART X)

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICES AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. ACCORDINGLY, INCOME EARNED IN FURTHERANCE OF THE FOUNDATIONS

TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ANY

ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATIONS TAX-EXEMPT PURPOSE ARE

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

| Internal Revenue Service | | Go to www.irs | gov/Form990 for | the latest informa | ation. | | Inspection |
|--|-----------------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| Name of the organization | ים ביטנואום מי | TON | | | | | Employer identification number 57-0327816 |
| Part I General Information on Grants a | R FOUNDAT | ION | | | | | 37-0327610 |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr | to substantiate the stance? | | | | • | | |
| Part II Grants and Other Assistance to recipient that received more than | - | | | | anization answered "\ | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name 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 |
| LANDER UNIVERSITY 320 STANLEY AVENUE | | | | | | | |
| GREENWOOD, SC 29646 | 57-0559320 | 501(C)(3) | 0. | 837,312. | | | RESTRICTED SCHOLARSHIPS |
| LANDER UNIVERSITY 320 STANLEY AVENUE GREENWOOD, SC 29646 | 57-0559320 | 501(C)(3) | 0. | 218,366. | | | PROGRAMS FOR ACADEMICS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | • | • | | | | | |

| (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 assistar |
|--|------------------------------|--------------------------|---------------------------------------|--|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Supplemental Information. Provide the information. | tion required in Part I, lin | e 2; Part III, columi | n (b); and any other ad | Iditional information. | |
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SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

Bond Issues

THE LANDER FOUNDATION Employer identification number 57-0327816

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ue price | (f) Descripti | ion of purpose | (g) De | efeased | (h) On of is | | (i) Po | |
|---|----------------|------------|-----------------|----------|----------|---------------|----------------|--------|---------|-----------------|----|--------|----------|
| | | | | | | | | Yes | No | Yes | No | Yes | No |
| SC JOBS- ECON DEV AUTH | | | | | | DEVELOPM | ENT OF | | | | | | |
| A ECONOMI | 57-0960018 | 00000000 | 10/18/19 | 9,330 | ,000. | SPORTS C | OMPLEX | | Х | | X | | Х |
| SC JOBS- ECON DEV AUTH | | | | | | DEVELOPM | ENT OF | | | | | | |
| B ECONOMI | 57-0960018 | 000000000 | 10/18/19 | 95 | ,000. | SPORTS C | OMPLEX | | Х | | X | | Х |
| | | | | | | | | | | | | | |
| <u>c</u> | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | |
| _ D | | | | | | | | | | | | | |
| Part II Proceeds | | | | | | | | | | | | | |
| | | | Α | | | В | С | | | D | | | |
| 1 Amount of bonds retired | | | | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | | | | |
| 3 Total proceeds of issue | | | | | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | | | | |
| 13 Year of substantial completion | | | | | | | ļ | | _ | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | + | No | |
| 14 Were the bonds issued as part of a refunding | | , , | | | | | | | | | | | |
| if issued prior to 2018, a current refunding is | | | | X | | X | | | | | _ | | |
| 15 Were the bonds issued as part of a refunding | | • • | | 77 | | 1,7 | | | | | | | |
| issued prior to 2018, an advance refunding is | | | | X | | X | | | | | + | | |
| 16 Has the final allocation of proceeds been ma | | | | X | | X | | | | | + | | |
| 17 Does the organization maintain adequate bo | | • | ., | | *** | | | | | | | | |
| final allocation of proceeds? | | | X | | X | | | | | dula K | | | |

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

Schedule K (Form 990) 2022

 Schedule K (Form 990) 2022
 THE LANDER FOUNDATION
 57-0327816
 Page 2

| Par | t III Private Business Use | | | | | | | | |
|----------|--|-----|----|-----|----------|-----|--|-----|----------------|
| | | | Α | | 3 | (| С | Γ | D |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | | Х | | X | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | Х | | x | | | | |
| За | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | | Х | | l x | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | х | | x | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | |
| | outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | | | ' | | • | | |
| - | other than a section 501(c)(3) organization or a state or local government | % | | | % | % | | | % |
| 5 | Enter the percentage of financed property used in a private business use as a | | 70 | | ,, | | 70 | | |
| Ū | result of unrelated trade or business activity carried on by your organization, | | | | | | | | |
| | another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | % | | % | | % | | / 6 |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X , | | 70 | | 70 |
| | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| ou | governmental person other than a 501(c)(3) organization since the bonds were issued? | | Х | | l x | | | | |
| h | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | 1 | | |
| | | | % | | % | | % | | 0% |
| | disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | 70 | | 70 | | 70 | | 70 |
| · | | | | | | | | | |
| 9 | sections 1.141-12 and 1.145-2? Has the organization established written procedures to ensure that all | | | | | | † | | |
| 9 | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | · | | X | | x | | | | |
| Dar | requirements under Regulations sections 1.141-12 and 1.145-2? | | Λ | | <u> </u> | | | | |
| rai | TIV Albitage | | A | | 3 | | С | | D |
| 4 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| ٠ | | res | X | res | X | res | NO | res | NO |
| | Penalty in Lieu of Arbitrage Rebate? | | | | <u> </u> | | | | |
| | If "No" to line 1, did the following apply? | | Х | | Х | | | | |
| | Rebate not due yet? | | X | | X | | | | |
| | Exception to rebate? | | X | | X | | | | |
| <u>c</u> | No rebate due? | | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | performed | | v | | х | | | | |
| _3_ | Is the bond issue a variable rate issue? | | X | | Δ | | | | |

| Part IV Arbitrage (continued) | | | | | | | | |
|---|---------------|---------------|------------|--------|-----|----|-----|----------|
| | | 4 | Е | 3 | (| С | С |) |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | X | | X | | | | | |
| b Name of provider | REGIONS BA | | REGIONS BA | | | | | |
| c Term of hedge | 300.0 | 0000000 | 200.0 | 000000 | | | | |
| d Was the hedge superintegrated? | | X | | X | | | | |
| e Was the hedge terminated? | | X | | X | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | | Х | | Х | | | | <u> </u> |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | / | 4 | В | | (| Ç | |) |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the | | | | | | | | Ì |
| voluntary closing agreement program if self-remediation isn't available under | | | | | | | | Ì |
| applicable regulations? | | | | | | | | <u> </u> |
| Part VI Supplemental Information. Provide additional information for responses to questions | s on Schedule | K. See instru | ctions. | | | | | |
| BOND PURPOSE (SCH K, PART I, COL F) | | | | | | | | |
| PART I COLUMN A - FULL ISSUER NAME: SC JOBS-ECON | DEV AU | TH ECON | OMIC | | | | | |
| DEVELOPMENT REVENUE BONDS SERIES 2019 A PART I CO | LUMN F | - DESCI | RIPTION | Ī | | | | |
| OF PURPOSE: DEVELOPMENT OF SPORTS COMPLEX AND EQU | JESTRIAI | N CENTE | R PART | I | | | | |
| COLUMN A - FULL ISSUER NAME: SC JOBS-ECON DEV AUT | H ECON | OMIC DE | VELOPME | INT | | | | |
| REVENUE BONDS SERIES 2019 B PART I COLUMN F - DES | CRIPTIO | ON OF P | URPOSE: | | | | | |
| DEVELOPMENT OF SPORTS COMPLEX AND EQUESTRIAN CENT | ER. | | | | | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE LANDER FOUNDATION

Employer identification number 57-0327816

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| PURCHASE, OR OTHERWISE, AND USE PROPERTY OF ANY KIND AND FUNDS IN |
| FURTHERANCE OF THE WELFARE OF LANDER UNIVERSITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO |
| FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EXECUTIVE DIRECTOR AND PRESIDENT OF THE LANDER FOUNDATION MEET TO DISCUSS |
| BOARD MEMBERS CONFLICT OF INTEREST STATEMENTS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| THE ORGANIZATIONS 990 IS AVAILABLE UPON REQUEST. |
| |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |
| CHANGE IN ACTUARIAL LIABILITY OF ANNUITIES -287. |
| RESTATEMENT DUE TO LEASE 547,683. |
| TOTAL TO FORM 990, PART XI, LINE 9 547,396. |
| |
| FORM 990, PART XII, LINE 2C: |
| PROCESS HAS NOT CHANGED FROM PRIOR YEAR. |
| |
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| |

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

Schedule O (Form 990) 2022

SCHEDULE R (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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE LANDER FOUNDATION

Employer identification number 57-0327816

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|---------------------|---|--------------|--------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| ANDER RWS PROPERTIES LLC | | | | | |
| 414 MAIN STREET | | | | | |
| GREENWOOD, SC 29646 | REAL ESTATE LEASING | SOUTH CAROLINA | 742,615. | 17,442,956. | N/A |
| LANDER FOUNDATION PROPERTIES LLC | | | | | |
| 320 STANLEY AVENUE | | | | | |
| GREENWOOD, SC 29646 | REAL ESTATE LEASING | SOUTH CAROLINA | 119,498. | 2,187,003. | N/A |
| BEARCAT VILLAGE LLC | | | | | |
| 320 STANLEY AVENUE | | | | | |
| GREENWOOD, SC 29646 | REAL ESTATE LEASING | SOUTH CAROLINA | | | N/A |
| | | | | | |
| | | | | | |

Part II 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 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 | Section 5 contr ent | rolled |
|--|--------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|---------------------------|--------|
| | | | | 501(c)(3)) | | Yes | No |
| LANDER UNIVERSITY - 57-0559320 | | | | | | | |
| 320 STANLEY AVENUE | COEDUCATIONAL FOUR-YEAR | | | | | | |
| GREENWOOD, SC 29646 | UNIVERSITY | SOUTH CAROLINA | 501(C)(3) | LINE 2 | | | X |
| LANDER UNIVERSITY ALUMNI ASSOCIATION - | | | | | | | |
| 57-6029107, 320 STANLEY AVENUE, GREENWOOD, | | | | | | | |
| SC 29646 | ALUMNI SPORTS ACTIVITIES | SOUTH CAROLINA | 501(C)(3) | LINE 5 | | | Х |
| | - | | | | | | |
| | † | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

| | | , | ı | • | | | _ | | | | |
|-------------------------|------------------|-------------------|--------------------|--|----------------|-----------------------|-----|-----------|--|---------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN | Primary activity | Legal domicile | Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | Share of | 1 | ortionate | Code V-UBI | General | Percentage ownership |
| of related organization | | (state or foreign | entity | excluded from tax under | income | end-of-year assets | | itions? | amount in box 20 of Schedule K-1 (Form 1065) | partner | ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | 0 |
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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 country) | (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 | | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| | | country | | | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2022

Page 3

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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

b Gift, grant, or capital contribution to related organization(s)

| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | _X_ | | | | |
|--|--|------------------------------|--|-----------|---|-----|--|--|--|--|
| d Loans or loan guarantees to or for related organization(s) | | | | | | X | | | | |
| e Loans or loan guarantees by related organization(s) | | | | | | X | | | | |
| | | | | | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | X | | | | |
| g Sale of assets to related organization(s) | | | | | | X | | | | |
| h Purchase of assets from related organization(s) | | | | 1h | | X | | | | |
| i Exchange of assets with related organization(s) | | | | 1i | | X | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | <u>1j</u> | Х | | | | | |
| | | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | _X_ | | | | |
| | | | | | | X | | | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 1c | | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s) | | | 1n | | X | | | | |
| Sharing of paid employees with related organization(s) | | | | 10 | Х | | | | | |
| | | | | | | Х | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | | | | | | | |
| | | | | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | Х | | | | | |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above its "Yes," see the instruction of the above its "Yes," see the instruction of the above its "Yes," see the abov | ho must complete th | is line, including covered r | elationships and transaction thresholds. | | | | | | | |
| (a) Name of related organization | Its to related organization(s) Its from | | nt involved | | | | | | | |
| (1) LANDER RWS PROPERTIES | J | 0. | COST | | | | | | | |
| (2) LANDER UNIVERSITY | 0 | 0. | % OF TIME SPENT | | | | | | | |
| (3) LANDER UNIVERSITY | R | 0. | COST/CASH PAID | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |

Page 4

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprition allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|--------------------------------|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
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