

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**The Lakou NFP**  
**c/o Rozovics Group LLP**

82-2703338

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>687,960</b></u>
<b>Revenue</b>		
Contributions	<u>567,983</u>	
Program service revenue	<u>429,042</u>	
Investment income	<u>96</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>35,000</u>	
Direct expenses		
Net income	<u>35,000</u>	
Other income	<u>563</u>	
<b>Total revenue</b>		<u><b>1,032,684</b></u>
<b>Expenses</b>		
Program services	<u>630,487</u>	
Management and general	<u>137,930</u>	
Fundraising	<u>26,747</u>	
<b>Total expenses</b>		<u><b>795,164</b></u>
<b>Excess / (deficit)</b>		<u><b>237,520</b></u>
Changes		<u><b>119,595</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>1,045,075</b></u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><b>1,032,684</b></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><b>795,164</b></u>

<b>Balance Sheet</b>			
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>687,960</u>	<u>1,045,075</u>	
Liabilities	_____	_____	
Net assets	<u><b>687,960</b></u>	<u><b>1,045,075</b></u>	<u><b>357,115</b></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date **11/15/24**  
Failure to file penalty \_\_\_\_\_

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2022 &amp; 2023</b>
For calendar year 2023, or tax year beginning _____, ending _____		

Name **The Lakou NFP** Taxpayer Identification Number **82-2703338**  
**c/o Rozovics Group LLP**

		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	519,238	567,983	48,745
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	84,515	429,042	344,527
	5. Investment income	55	96	41
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		35,000	35,000
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,973	563	-1,410
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>605,781</b>	<b>1,032,684</b>	<b>426,903</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	37,500	37,500	
	16. Salaries, other compensation, and employee benefits	140,523	122,803	-17,720
	17. Professional fundraising fees		17,903	17,903
	18. Other professional fees	30,292	61,494	31,202
	19. Occupancy, rent, utilities, and maintenance	47,100	54,505	7,405
	20. Depreciation and Depletion	64,160	206,289	142,129
	21. Other expenses	274,717	294,670	19,953
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>594,292</b>	<b>795,164</b>	<b>200,872</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>11,489</b>	<b>237,520</b>	<b>226,031</b>
<b>Other Information</b>	24. Total exempt revenue	605,781	1,032,684	426,903
	25. Total unrelated revenue			
	26. Total excludable revenue	86,543	429,701	343,158
	27. Total assets	687,960	1,045,075	357,115
	28. Total liabilities			
	29. Retained earnings	687,960	1,045,075	357,115
	30. Number of voting members of governing body	7	7	
	31. Number of independent voting members of governing body	5	5	
	32. Number of employees	6	4	
33. Number of volunteers				

<b>Form 114a</b>  Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<b>Record of Authorization to          Electronically File FBARs</b> (See instructions below for completion)  <u>Do not send to FinCEN. Retain this form for your records.</u>  The form 114a may be digitally signed	FINANCIAL CRIMES   ENFORCEMENT NETWORK
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**Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)**

1. Owner last name or entity's legal name  <b>The Lakou NFP</b>	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2023 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date <u>05/02/2024</u> MM DD YYYY	9. Owner or entity TIN <b>82-2703338</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.**

15. Preparer last name <b>Rozovics</b>	16. Preparer first name <b>Jeffery</b>	17. Preparer M.I. <b>A</b>	18. Preparer PTIN <b>P00227382</b>
19. Address <b>805 W. Touhy Ave</b>	20. City <b>Park Ridge</b>	21. State <b>IL</b>	22. ZIP/postal code <b>60068</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>Rozovics Group, LLP</b>	25. Employer EIN <b>80-0955974</b>	26. Preparer's signature

**Instructions for completing the FBAR Signature Authorization Record****This is a fill and print form using Adobe Reader**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name <b>The Lakou NFP</b>	Employer Identification Number <b>82-2703338</b>
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**Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN**

1 This report is for calendar year ended 12/31 **2023**  
 Amended  Prior report BSA Identifier \_\_\_\_\_  
 Reason if filing late \_\_\_\_\_

**Part I - Filer Information**

2 Type of filer Tax-exempt entity  
 3 U.S. Taxpayer Identification Number 822703338  
 3a TIN type EIN  
 4 Foreign identification  
 4a Type \_\_\_\_\_  
 4b Number \_\_\_\_\_  
 4c Country of Issue \_\_\_\_\_  
 5 Individual's date of birth \_\_\_\_\_  
 6 Last name or organization name The Lakou NFP  
 7 First name \_\_\_\_\_  
 8 Middle initial \_\_\_\_\_  
 8a Suffix \_\_\_\_\_  
 9 Mailing address 805 W. Touhy Ave  
 10 City Park Ridge  
 11 State IL Illinois  
 12 Zip/postal code 60068  
 13 Country US

Client Copy Only

14a Does the filer have a financial interest in 25 or more financial accounts?  
 Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
 No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
 No

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name <b>The Lakou NFP</b>	Employer Identification Number <b>82-2703338</b>
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**Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN**

**Part II - Information on Financial Account(s) Owned Separately** 1 of 1

15 Maximum account value <u>254,391</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>Bank</u>	
17 Name of financial institution in which account is held <u>Unibank S.A.</u>	
18 Account number or other designation <u>60116221758595</u>	
19 Mailing address _____	
20 City <u>Port-Au-Prince</u>	21 State _____
22 Foreign postal code _____	23 Country <u>HT Haiti</u>

**Part II - Information on Financial Account(s) Owned Separately** \_\_ of \_\_

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

**Part II - Information on Financial Account(s) Owned Separately** \_\_ of \_\_

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

**Part II - Information on Financial Account(s) Owned Separately** \_\_ of \_\_

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

**Part II - Information on Financial Account(s) Owned Separately** \_\_ of \_\_

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		
Name <b>The Lakou NFP</b>		Employer Identification Number <b>82-2703338</b>

**Warning: Printed versions of the BSA E-Filing forms are not for submission  
and will not be processed by FinCEN**

44a Check if report completed by a third party preparer, complete the third party preparer section X

44 Filer signature PIN (Enter the PIN assigned by FinCEN used to sign the FBAR) Form 114a signed, PIN not required

45 Filer title \_\_\_\_\_

46 Date of signature 05/02/2024

**Third Party Preparer Use Only**

47 Preparer's last name Rozovics

48 First name Jeffery

49 Middle name/initial A

50 Check if self-employed

51 Preparer's TIN P00227382

51a TIN type PTIN

52 Contact phone number 847-699-7600

52a Extension \_\_\_\_\_

53 Firm's name Rozovics Group, LLP

54 Firm's TIN 80-0955974

54a TIN type EIN

55 Mailing address 805 W. Touhy Ave

56 City Park Ridge

57 State IL

58 Zip/postal code 60068

59 Country US US

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2023 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Lakou NFP</b> <b>c/o Rozovics Group LLP</b>		<b>D</b> Employer identification number <b>82-2703338</b>
	Doing business as		<b>E</b> Telephone number <b>847-699-7600</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>805 W. Touhy Ave</b>	Room/suite	<b>G</b> Gross receipts \$ <b>1,032,684</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Park Ridge IL 60068</b>		
<b>F</b> Name and address of principal officer: <b>Randal J. Meyer</b> <b>1934 State Route 26</b> <b>Metamora IL 61548</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.lakou.org** **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2017** **M** State of legal domicile: **IL**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		519,238	567,983
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84,515	429,042
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55	96
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,973	35,563
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		605,781	1,032,684
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		178,023	160,303
	16a Professional fundraising fees (Part IX, column (A), line 11e)			17,903
	b Total fundraising expenses (Part IX, column (D), line 25)		26,747	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		416,269	616,958
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		594,292	795,164
	19 Revenue less expenses. Subtract line 18 from line 12		11,489	237,520
	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		687,960	1,045,075
22 Net assets or fund balances. Subtract line 21 from line 20		0	0	
		687,960	1,045,075	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>Randal J. Meyer</b> Type or print name and title	<b>President</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Jeffery A. Rozovics</b>		<b>06/18/24</b>	<input checked="" type="checkbox"/>	<b>P00227382</b>
	Firm's name	Firm's EIN			
<b>Rozovics Group, LLP</b>		<b>80-0955974</b>			
Firm's address		Phone no.			
<b>805 W. Touhy Ave</b> <b>Park Ridge, IL 60068</b>		<b>847-699-7600</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part 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:

**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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. 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.

**4a** (Code: ) (Expenses \$ **438,507** including grants of \$ ) (Revenue \$ )

**Construction training to launch development in Haiti, where with skills and opportunity, Haitians can create their own sustainable solutions for individuals, families and communities.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **191,980** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **630,487**



**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
38		X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>4</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>				
<b>4a</b>	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 account)?	<b>4a</b>		<b>X</b>		
<b>b</b>	If "Yes," enter the name of the foreign country <b>Haiti</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	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 instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? If "Yes," complete Form 6069.	<b>17</b>				

**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	
<b>1a</b>	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.	<b>1a</b>	<b>7</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>5</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>		
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>	
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b>	The governing body?	<b>8a</b>	<b>X</b>		
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>		
<b>9</b>	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	<b>9</b>		<b>X</b>	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<b>X</b>
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**Steve J. Cook** **1580 N. Northwest Hwy** **IL 60068** **321-277-9142**  
**Park Ridge**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lanae B Meyer ..... Director	40.00 ..... 0.00	X		X				37,500	0	0
(2) Steve Cook ..... Director	0.00 ..... 0.00	X						0	0	0
(3) Gail Gordon-Allen ..... Director	0.00 ..... 0.00	X						0	0	0
(4) David E. Haracz ..... Treasurer	0.00 ..... 0.00	X						0	0	0
(5) Thomas Keenan ..... Director	0.00 ..... 0.00	X						0	0	0
(6) Randal J. Meyer ..... President	0.00 ..... 0.00	X						0	0	0
(7) William C. Murphy ..... Secretary	0.00 ..... 0.00	X						0	0	0
(8) Mike Petersen ..... Director	0.00 ..... 0.00	X						0	0	0
(9) Carl Sajous ..... Director	0.00 ..... 0.00	X						0	0	0
(10) Jack Scapin ..... Director	0.00 ..... 0.00	X						0	0	0
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....							<b>37,500</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>37,500</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	567,983				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			<b>567,983</b>			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b> Reimbursements				374,000	374,000		
<b>b</b> Special Events				55,042	55,042		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>429,042</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			96	96		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	35,000				
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events			35,000				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> Other Revenue			563	563		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			<b>563</b>			
<b>12 Total revenue.</b> See instructions			<b>1,032,684</b>	<b>429,701</b>	<b>0</b>	<b>0</b>	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	37,500	37,500		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	103,170		103,170	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,813	5,232	1,581	
10 Payroll taxes	12,820		12,820	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,400		2,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,903			17,903
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	59,094	39,971	13,750	5,373
12 Advertising and promotion	1,234			1,234
13 Office expenses	2,237			2,237
14 Information technology	1,286	1,286		
15 Royalties				
16 Occupancy	54,505	54,505		
17 Travel	4,029	4,029		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	206,289	206,289		
23 Insurance				
24 Other expenses. Itemize expenses not covered 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.)				
a <b>Building &amp; Equipment</b>	89,452	89,452		
b <b>Operations</b>	79,760	79,760		
c <b>Administration</b>	74,521	74,521		
d <b>Travel</b>	22,548	22,548		
e All other expenses	19,603	15,394	4,209	
25 Total functional expenses. Add lines 1 through 24e	795,164	630,487	137,930	26,747
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	176,669	1	267,785
	2	Savings and temporary cash investments	102,030	2	321,874
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,699
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	20,000	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	653,682		
	10b	Less: accumulated depreciation	199,965		
	10c		389,261		453,717
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	687,960	16	1,045,075	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	687,960	27	1,045,075
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	687,960	32	1,045,075
33	<b>Total liabilities and net assets/fund balances</b>	687,960	33	1,045,075	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,032,684</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>795,164</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>237,520</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>687,960</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>119,595</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,045,075</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	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?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

## Federal Statements

### Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2015 F550 Truck	8/27/20	100.00	\$ 30,310	\$ 30,310	7.0	S/L-	\$ 4,330	\$
Truck	10/21/21	100.00	42,900	42,900	7.0	S/L-	6,129	
Ford Ranger Truck	12/31/18	100.00	25,625	25,625	7.0	S/L-	3,661	
Total			\$ <u>98,835</u>	\$ <u>98,835</u>			\$ <u>14,120</u>	\$ <u>0</u>

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <b>The Lakou NFP c/o Rozovics Group LLP</b>	Employer identification number <b>82-2703338</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: .....
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: .....
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,850	321,529	750,132	519,238	567,983	2,178,732
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	19,850	321,529	750,132	519,238	567,983	2,178,732
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)						
6 Public support. Subtract line 5 from line 4						2,178,732

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	19,850	321,529	750,132	519,238	567,983	2,178,732
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		10	28			38
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.)						
11 <b>Total support.</b> Add lines 7 through 10						2,178,770

12 Gross receipts from related activities, etc. (see instructions) 12 600,073

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18 %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>		Yes	No
<b>2a</b>			
<b>b</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? <i>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.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018 .....			
b From 2019 .....			
c From 2020 .....			
d From 2021 .....			
e From 2022 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 .....			
b Excess from 2020 .....			
c Excess from 2021 .....			
d Excess from 2022 .....			
e Excess from 2023 .....			



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

2023

Open to Public Inspection

Name of the organization

The Lakou NFP c/o Rozovics Group LLP

Employer identification number

82-2703338

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? .....
- (ii)** Related organizations? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>256,204</b>	<b>121,056</b>	<b>135,148</b>
<b>e</b> Other .....		<b>397,478</b>	<b>78,909</b>	<b>318,569</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>453,717</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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

Series of horizontal dotted lines for providing supplemental information.





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**The Lakou NFP  
c/o Rozovics Group LLP**

Employer identification number

**82-2703338**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GID Consulting 1 12358 Sandy Ct. Whittier CA 90602	Marketing		X	35,000	17,903	17,097
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>35,000</b>	<b>17,903</b>	<b>17,097</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	35,000		35,000
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	35,000		35,000
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				35,000

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
Name  
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No  
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  
c If "Yes," enter name and address of the third party:

Name  
Address

16 Gaming manager information:  
Name  
Gaming manager compensation \$  
Description of services provided  
 Director/officer  Employee  Independent contractor

17 Mandatory distributions:  
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**The Lakou NFP  
c/o Rozovics Group LLP**

Employer identification number

**82-2703338**

**Form 990 - Organization's Mission or Most Significant Activities**

The organization's mission is to provide construction training to launch development in Haiti, where with skills and opportunity, Haitians can create their own sustainable solutions for individuals, families, and communities.

**Form 990 - Organization's Mission**

The organization's mission is to provide construction training to launch development in Haiti, where with skills and opportunity, Haitians can create their own sustainable solutions for individuals, families, and communities.

**Form 990, Part III, Line 4d - All Other Accomplishments**

Construction training to launch development in Haiti, where with skills and opportunity, Haitians can create their own sustainable solutions for individuals, families and communities.

**Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries**

**Haiti**

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

**Randal J. Meyer**

**Lanae Meyer**

**President**

**Director**

**Married**

Name of the organization

Employer identification number

The Lakou NFP

82-2703338

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Tax returns will be reviewed by the board of directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A wage comparison is made by the Director of Finance of similar Non profits through 990 comparisons, talking to industry experts and recruiters. All staff, including the Executive Director are then budgeted, which is approved by the Board. All salaries and wages are clearly defined by position, so that the Board has a clear understanding of the compensation. Wage reviews are completed once a year at Budget approval

Form 990, Part VI, Line 15b - Compensation Process for Officers

A wage comparison is made by the Director of Finance of similar Non profits through 990 comparisons, talking to industry experts and recruiters. All staff, including the Executive Director are then budgeted, which is approved by the Board. All salaries and wages are clearly defined by position, so that the Board has a clear understanding of the compensation. Wage reviews are completed once a year at Budget approval

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference	\$	119,595
Prior Year Adjustment	\$	0
<b>Total</b>	<b>\$</b>	<b>119,595</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**

Attachment Sequence No. **179**

Name(s) shown on return **The Lakou NFP**  
**c/o Rozovics Group LLP** Identifying number **82-2703338**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,160,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,890,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>120,920</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>66,326</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	<b>30,230</b>	<b>5.0</b>	<b>MQ</b>	<b>200DB</b>	<b>4,923</b>
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>14,120</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>206,289</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use: See Statement 1 % 98,835 98,835 14,120
27 Property used 50% or less in a qualified business use: % S/L- S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 14,120
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners X
39 Do you treat all use of vehicles by employees as personal use? X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions X
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):
43 Amortization of costs that began before your 2023 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

82-2703338

## Federal Asset Report

FYE: 12/31/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>										
64	Laptop computers	1/17/23	1,850		X	370	5	MQ200DB	0	1,610
65	Rough Terrain Crane	1/23/23	55,000		X	11,000	5	MQ200DB	0	47,850
66	Skidsteer VIN 21502905	11/14/23	30,000		X	6,000	5	MQ200DB	0	24,300
67	2013 Caterpillar Telehandler	11/22/23	64,300		X	12,860	5	MQ200DB	0	52,083
			<u>151,150</u>			<u>30,230</u>			<u>0</u>	<u>125,843</u>
<b>Other Depreciation:</b>										
1	Mixer 9 cu ft Mortar Honda	1/20/20	3,200			3,200	5	MO S/L	1,280	640
2	Plate compactor	1/21/20	2,781			2,781	3	MO S/L	1,854	927
3	STIHL generator	1/21/20	1,230			1,230	3	MO S/L	820	410
4	Plasma cutter	1/23/20	2,000			2,000	3	MO S/L	1,333	667
5	Welding helmet, compressor, grinder, etc.	1/23/20	1,050			1,050	3	MO S/L	700	350
6	2 concrete mixers with 13HP Honda GX390	7/16/20	7,628			7,628	5	MO S/L	3,051	1,526
8	Yamaha motorcycle	8/27/20	2,200			2,200	7	MO S/L	629	314
9	Temp housing earthquake relief supplies	8/18/21	22,404			22,404	3	MO S/L	9,957	7,468
10	Electric 4 wheeler - Haiti	8/20/21	1,300			1,300	5	MO S/L	347	260
11	Generator - Haiti	8/20/21	7,660			7,660	6	MO S/L	1,702	1,277
12	Chainsaw - Haiti	8/20/21	750			750	3	MO S/L	333	250
13	Honda generator	8/20/21	600			600	3	MO S/L	267	200
14	Cement mixer - Haiti	8/20/21	800			800	5	MO S/L	213	160
15	Delta table saw - Haiti	8/20/21	250			250	5	MO S/L	67	50
16	Miller welder - Haiti	8/20/21	1,300			1,300	5	MO S/L	347	260
17	Chainsaw - Haiti	8/20/21	250			250	3	MO S/L	111	83
18	Table saw - Haiti	8/20/21	800			800	5	MO S/L	213	160
19	Drone - Haiti	8/20/21	400			400	3	MO S/L	178	133
20	Go-Pro camera - Haiti	8/20/21	150			150	3	MO S/L	67	50
21	Trailer	9/15/21	15,358			15,358	7	MO S/L	2,925	2,194
22	Trailer tires	9/21/21	778			778	3	MO S/L	324	259
23	Tables, chairs	9/23/21	1,871			1,871	5	MO S/L	468	374
24	Welder/generator	9/28/21	5,795			5,795	7	MO S/L	1,035	828
25	Scaffolding	9/28/21	3,531			3,531	7	MO S/L	631	504
26	Welding cable	9/28/21	750			750	3	MO S/L	313	250
27	EZ grout wall braces, box and pallet	9/29/21	11,000			11,000	7	MO S/L	1,964	1,572
28	Mortar/grout mixer	9/29/21	8,000			8,000	5	MO S/L	2,000	1,600
29	Rebar cutter	9/29/21	1,012			1,012	5	MO S/L	253	203
30	Scaffold frames	9/29/21	1,750			1,750	7	MO S/L	313	250
31	Concrete shoot	9/29/21	500			500	3	MO S/L	208	167
32	16' planks	9/29/21	3,840			3,840	3	MO S/L	1,600	1,280
33	2 mortar tubs	9/29/21	500			500	5	MO S/L	125	100
34	Level, 48" crick	10/04/21	702			702	3	MO S/L	292	234
35	Laser with tripod, transit with tripod	10/05/21	3,860			3,860	5	MO S/L	965	772
36	Welding cable	10/07/21	750			750	3	MO S/L	313	250
37	Atlas Bobcat	10/08/21	51,419			51,419	7	MO S/L	9,182	7,345
38	Concrete saws, power washer, generator	10/13/21	14,482			14,482	7	MO S/L	2,586	2,069
39	Wheelbarrow	10/18/21	2,048			2,048	3	MO S/L	796	683
40	Concrete mixer	10/18/21	4,849			4,849	5	MO S/L	1,131	970
41	Generator	10/28/21	1,800			1,800	3	MO S/L	700	600
44	Suzuki truck	7/31/19	5,000			5,000	7	MO S/L	5,000	0
45	MacBook (Randy's)	5/28/19	2,672			2,672	5	MO S/L	2,672	0
46	Dell laptop (accounting)	9/23/19	1,012			1,012	5	MO S/L	1,012	0
47	Solar panels	10/01/19	2,500			2,500	7	MO S/L	2,500	0
48	Large generator (Baliles)	10/23/19	1,000			1,000	7	MO S/L	1,000	0
49	Small generator (Baliles)	10/23/19	150			150	7	MO S/L	150	0
50	Compressor (Baliles)	10/23/19	500			500	7	MO S/L	500	0
51	Trash pump (Baliles)	10/23/19	350			350	5	MO S/L	350	0
52	T-shirts	10/29/19	439			439	3	MO S/L	439	0
53	Camera - Phantom 3	4/25/22	353			353	3	MO S/L	78	118
54	Drone - DJI Mavic	5/27/22	480			480	3	MO S/L	93	161
55	Fuel Transfer Pump	5/27/22	452			452	3	MO S/L	88	151
56	Excavator - FF2405X605835	7/01/22	62,500			62,500	7	MO S/L	4,464	8,929
57	Neville Built Trailier - INDD432XCH1750	7/09/22	35,320			35,320	7	MO S/L	2,523	5,046
58	Freightliner Tractor Truck	7/09/22	43,500			43,500	7	MO S/L	3,107	6,214
59	Concrete Bucket	9/27/22	6,027			6,027	7	MO S/L	215	861
60	Concrete Bucket	9/27/22	6,027			6,027	7	MO S/L	215	861
61	Concrete Side Chute	9/27/22	1,042			1,042	7	MO S/L	37	149
62	Electric rebar	9/28/22	5,025			5,025	7	MO S/L	179	718
63	Concrete Mixer Truck	9/30/22	38,000			38,000	7	MO S/L	1,357	5,429



**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>403,697</u>			<u>403,697</u>		<u>77,572</u>	<u>66,326</u>
	<b>Total ACRS and Other Depreciation</b>		<u>403,697</u>			<u>403,697</u>		<u>77,572</u>	<u>66,326</u>
<b>Listed Property:</b>									
7	2015 F550 Truck	8/27/20	30,310			30,310	7 MO S/L	8,660	4,330
42	Truck	10/21/21	42,900			42,900	7 MO S/L	7,150	6,129
43	Ford Ranger Truck	12/31/18	25,625			25,625	7 MO S/L	19,889	3,661
			<u>98,835</u>			<u>98,835</u>		<u>35,699</u>	<u>14,120</u>
	<b>Grand Totals</b>		653,682			532,762		113,271	206,289
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>653,682</u>			<u>532,762</u>		<u>113,271</u>	<u>206,289</u>

82-2703338

## IL Asset Report

FYE: 12/31/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
<b>5-year GDS Property:</b>								
64	Laptop computers	1/17/23	1,850	370	0	1,610	1,610	0
65	Rough Terrain Crane	1/23/23	55,000	11,000	0	47,850	47,850	0
66	Skidsteer VIN 21502905	11/14/23	30,000	6,000	0	24,300	24,300	0
67	2013 Caterpillar Telehandler	11/22/23	64,300	12,860	0	52,083	52,083	0
			<u>151,150</u>	<u>30,230</u>	<u>0</u>	<u>125,843</u>	<u>125,843</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	Mixer 9 cu ft Mortar Honda	1/20/20	3,200	3,200	1,280	640	640	0
2	Plate compactor	1/21/20	2,781	2,781	1,854	927	927	0
3	STIHL generator	1/21/20	1,230	1,230	820	410	410	0
4	Plasma cutter	1/23/20	2,000	2,000	1,333	667	667	0
5	Welding helmet, compressor, grinder, etc.	1/23/20	1,050	1,050	700	350	350	0
6	2 concrete mixers with 13HP Honda GX390	7/16/20	7,628	7,628	3,051	1,526	1,526	0
8	Yamaha motorcycle	8/27/20	2,200	2,200	629	314	314	0
9	Temp housing earthquake relief supplies	8/18/21	22,404	22,404	9,957	7,468	7,468	0
10	Electric 4 wheeler - Haiti	8/20/21	1,300	1,300	347	260	260	0
11	Generator - Haiti	8/20/21	7,660	7,660	1,702	1,277	1,277	0
12	Chainsaw - Haiti	8/20/21	750	750	333	250	250	0
13	Honda generator	8/20/21	600	600	267	200	200	0
14	Cement mixer - Haiti	8/20/21	800	800	213	160	160	0
15	Delta table saw - Haiti	8/20/21	250	250	67	50	50	0
16	Miller welder - Haiti	8/20/21	1,300	1,300	347	260	260	0
17	Chainsaw - Haiti	8/20/21	250	250	111	83	83	0
18	Table saw - Haiti	8/20/21	800	800	213	160	160	0
19	Drone - Haiti	8/20/21	400	400	178	133	133	0
20	Go-Pro camera - Haiti	8/20/21	150	150	67	50	50	0
21	Trailer	9/15/21	15,358	15,358	2,925	2,194	2,194	0
22	Trailer tires	9/21/21	778	778	324	259	259	0
23	Tables, chairs	9/23/21	1,871	1,871	468	374	374	0
24	Welder/generator	9/28/21	5,795	5,795	1,035	828	828	0
25	Scaffolding	9/28/21	3,531	3,531	631	504	504	0
26	Welding cable	9/28/21	750	750	313	250	250	0
27	EZ grout wall braces, box and pallet	9/29/21	11,000	11,000	1,964	1,572	1,572	0
28	Mortar/grout mixer	9/29/21	8,000	8,000	2,000	1,600	1,600	0
29	Rebar cutter	9/29/21	1,012	1,012	253	203	203	0
30	Scaffold frames	9/29/21	1,750	1,750	313	250	250	0
31	Concrete shoot	9/29/21	500	500	208	167	167	0
32	16' planks	9/29/21	3,840	3,840	1,600	1,280	1,280	0
33	2 mortar tubs	9/29/21	500	500	125	100	100	0
34	Level, 48" crick	10/04/21	702	702	292	234	234	0
35	Laser with tripod, transit with tripod	10/05/21	3,860	3,860	965	772	772	0
36	Welding cable	10/07/21	750	750	313	250	250	0
37	Atlas Bobcat	10/08/21	51,419	51,419	9,182	7,345	7,345	0
38	Concrete saws, power washer, generator	10/13/21	14,482	14,482	2,586	2,069	2,069	0
39	Wheelbarrow	10/18/21	2,048	2,048	796	683	683	0
40	Concrete mixer	10/18/21	4,849	4,849	1,131	970	970	0
41	Generator	10/28/21	1,800	1,800	700	600	600	0
44	Suzuki truck	7/31/19	5,000	5,000	5,000	0	0	0
45	MacBook (Randy's)	5/28/19	2,672	2,672	2,672	0	0	0
46	Dell laptop (accounting)	9/23/19	1,012	1,012	1,012	0	0	0
47	Solar panels	10/01/19	2,500	2,500	2,500	0	0	0
48	Large generator (Baliles)	10/23/19	1,000	1,000	1,000	0	0	0
49	Small generator (Baliles)	10/23/19	150	150	150	0	0	0
50	Compressor (Baliles)	10/23/19	500	500	500	0	0	0
51	Trash pump (Baliles)	10/23/19	350	350	350	0	0	0
52	T-shirts	10/29/19	439	439	439	0	0	0
53	Camera - Phantom 3	4/25/22	353	353	78	118	118	0
54	Drone - DJI Mavic	5/27/22	480	480	93	161	161	0
55	Fuel Transfer Pump	5/27/22	452	452	88	151	151	0
56	Excavator - FF2405X605835	7/01/22	62,500	62,500	4,464	8,929	8,929	0
57	Neville Built Trailier - INDD432XCH1750	7/09/22	35,320	35,320	2,523	5,046	5,046	0
58	Freightliner Tractor Truck	7/09/22	43,500	43,500	3,107	6,214	6,214	0
59	Concrete Bucket	9/27/22	6,027	6,027	215	861	861	0
60	Concrete Bucket	9/27/22	6,027	6,027	215	861	861	0
61	Concrete Side Chute	9/27/22	1,042	1,042	37	149	149	0
62	Electric rebar	9/28/22	5,025	5,025	179	718	718	0
63	Concrete Mixer Truck	9/30/22	38,000	38,000	1,357	5,429	5,429	0

**IL Asset Report****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>IL Prior</u>	<u>IL Current</u>	<u>Federal Current</u>	<u>Difference Fed - IL</u>
	<b>Total Other Depreciation</b>		<u>403,697</u>	<u>403,697</u>	<u>77,572</u>	<u>66,326</u>	<u>66,326</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>403,697</u>	<u>403,697</u>	<u>77,572</u>	<u>66,326</u>	<u>66,326</u>	<u>0</u>
<b>Listed Property:</b>								
7	2015 F550 Truck	8/27/20	30,310	30,310	8,660	4,330	4,330	0
42	Truck	10/21/21	42,900	42,900	7,150	6,129	6,129	0
43	Ford Ranger Truck	12/31/18	25,625	25,625	19,889	3,661	3,661	0
			<u>98,835</u>	<u>98,835</u>	<u>35,699</u>	<u>14,120</u>	<u>14,120</u>	<u>0</u>
	<b>Grand Totals</b>		653,682	532,762	113,271	206,289	206,289	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>653,682</u>	<u>532,762</u>	<u>113,271</u>	<u>206,289</u>	<u>206,289</u>	<u>0</u>

82-2703338

**AMT Asset Report**

FYE: 12/31/2023

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>										
64	Laptop computers	1/17/23	1,850		X	370	5	MQ200DB	0	1,610
65	Rough Terrain Crane	1/23/23	55,000		X	11,000	5	MQ200DB	0	47,850
66	Skidsteer VIN 21502905	11/14/23	30,000		X	6,000	5	MQ200DB	0	24,300
67	2013 Caterpillar Telehandler	11/22/23	64,300		X	12,860	5	MQ200DB	0	52,083
			<u>151,150</u>			<u>30,230</u>			<u>0</u>	<u>125,843</u>
<b>Other Depreciation:</b>										
1	Mixer 9 cu ft Mortar Honda	1/20/20	3,200			3,200	5	MO S/L	1,280	640
2	Plate compactor	1/21/20	2,781			2,781	3	MO S/L	1,854	927
3	STIHL generator	1/21/20	1,230			1,230	3	MO S/L	820	410
4	Plasma cutter	1/23/20	2,000			2,000	3	MO S/L	1,333	667
5	Welding helmet, compressor, grinder, etc.	1/23/20	1,050			1,050	3	MO S/L	700	350
6	2 concrete mixers with 13HP Honda GX390	7/16/20	7,628			7,628	5	MO S/L	3,051	1,526
8	Yamaha motorcycle	8/27/20	2,200			2,200	7	MO S/L	629	314
9	Temp housing earthquake relief supplies	8/18/21	22,404			22,404	3	MO S/L	9,957	7,468
10	Electric 4 wheeler - Haiti	8/20/21	1,300			1,300	5	MO S/L	347	260
11	Generator - Haiti	8/20/21	7,660			7,660	6	MO S/L	1,702	1,277
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13	Honda generator	8/20/21	600			600	3	MO S/L	267	200
14	Cement mixer - Haiti	8/20/21	800			800	5	MO S/L	213	160
15	Delta table saw - Haiti	8/20/21	250			250	5	MO S/L	67	50
16	Miller welder - Haiti	8/20/21	1,300			1,300	5	MO S/L	347	260
17	Chainsaw - Haiti	8/20/21	250			250	3	MO S/L	111	83
18	Table saw - Haiti	8/20/21	800			800	5	MO S/L	213	160
19	Drone - Haiti	8/20/21	400			400	3	MO S/L	178	133
20	Go-Pro camera - Haiti	8/20/21	150			150	3	MO S/L	67	50
21	Trailer	9/15/21	15,358			15,358	7	MO S/L	2,925	2,194
22	Trailer tires	9/21/21	778			778	3	MO S/L	324	259
23	Tables, chairs	9/23/21	1,871			1,871	5	MO S/L	468	374
24	Welder/generator	9/28/21	5,795			5,795	7	MO S/L	1,035	828
25	Scaffolding	9/28/21	3,531			3,531	7	MO S/L	631	504
26	Welding cable	9/28/21	750			750	3	MO S/L	313	250
27	EZ grout wall braces, box and pallet	9/29/21	11,000			11,000	7	MO S/L	1,964	1,572
28	Mortar/grout mixer	9/29/21	8,000			8,000	5	MO S/L	2,000	1,600
29	Rebar cutter	9/29/21	1,012			1,012	5	MO S/L	253	203
30	Scaffold frames	9/29/21	1,750			1,750	7	MO S/L	313	250
31	Concrete shoot	9/29/21	500			500	3	MO S/L	208	167
32	16' planks	9/29/21	3,840			3,840	3	MO S/L	1,600	1,280
33	2 mortar tubs	9/29/21	500			500	5	MO S/L	125	100
34	Level, 48" crick	10/04/21	702			702	3	MO S/L	292	234
35	Laser with tripod, transit with tripod	10/05/21	3,860			3,860	5	MO S/L	965	772
36	Welding cable	10/07/21	750			750	3	MO S/L	313	250
37	Atlas Bobcat	10/08/21	51,419			51,419	7	MO S/L	9,182	7,345
38	Concrete saws, power washer, generator	10/13/21	14,482			14,482	7	MO S/L	2,586	2,069
39	Wheelbarrow	10/18/21	2,048			2,048	3	MO S/L	796	683
40	Concrete mixer	10/18/21	4,849			4,849	5	MO S/L	1,131	970
41	Generator	10/28/21	1,800			1,800	3	MO S/L	700	600
44	Suzuki truck	7/31/19	5,000			5,000	7	MO S/L	5,000	0
45	MacBook (Randy's)	5/28/19	2,672			2,672	5	MO S/L	2,672	0
46	Dell laptop (accounting)	9/23/19	1,012			1,012	5	MO S/L	1,012	0
47	Solar panels	10/01/19	2,500			2,500	7	MO S/L	2,500	0
48	Large generator (Baliles)	10/23/19	1,000			1,000	7	MO S/L	1,000	0
49	Small generator (Baliles)	10/23/19	150			150	7	MO S/L	150	0
50	Compressor (Baliles)	10/23/19	500			500	7	MO S/L	500	0
51	Trash pump (Baliles)	10/23/19	350			350	5	MO S/L	350	0
52	T-shirts	10/29/19	439			439	3	MO S/L	439	0
53	Camera - Phantom 3	4/25/22	0			0	0	HY	0	0
54	Drone - DJI Mavic	5/27/22	0			0	0	HY	0	0
55	Fuel Transfer Pump	5/27/22	0			0	0	HY	0	0
56	Excavator - FF2405X605835	7/01/22	0			0	0	HY	0	0
57	Neville Built Trailier - INDD432XCH1750	7/09/22	0			0	0	HY	0	0
58	Freightliner Tractor Truck	7/09/22	0			0	0	HY	0	0
59	Concrete Bucket	9/27/22	0			0	0	HY	0	0
60	Concrete Bucket	9/27/22	0			0	0	HY	0	0
61	Concrete Side Chute	9/27/22	0			0	0	HY	0	0
62	Electric rebar	9/28/22	0			0	0	HY	0	0
63	Concrete Mixer Truck	9/30/22	0			0	0	HY	0	0

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>204,971</u>			<u>204,971</u>		<u>65,216</u>	<u>37,689</u>
	<b>Total ACRS and Other Depreciation</b>		<u>204,971</u>			<u>204,971</u>		<u>65,216</u>	<u>37,689</u>
<b>Listed Property:</b>									
7	2015 F550 Truck	8/27/20	30,310			30,310	7 MO S/L	8,660	4,330
42	Truck	10/21/21	42,900			42,900	7 MO S/L	7,150	6,129
43	Ford Ranger Truck	12/31/18	25,625			25,625	7 MO S/L	19,889	3,661
			<u>98,835</u>			<u>98,835</u>		<u>35,699</u>	<u>14,120</u>
	<b>Grand Totals</b>		454,956			334,036		100,915	177,652
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>454,956</u>			<u>334,036</u>		<u>100,915</u>	<u>177,652</u>

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**Bonus Depreciation Report**

FYE: 12/31/2023

**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
64	Laptop computers	1/17/23	1,850		0	1,480	0	370
65	Rough Terrain Crane	1/23/23	55,000		0	44,000	0	11,000
66	Skidsteer VIN 21502905	11/14/23	30,000		0	24,000	0	6,000
67	2013 Caterpillar Telehandler	11/22/23	64,300		0	51,440	0	12,860
<b>Grand Total</b>			<u>151,150</u>		<u>0</u>	<u>120,920</u>	<u>0</u>	<u>30,230</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	64	Laptop computers	1,610	1,610	0
Page 1	1	65	Rough Terrain Crane	47,850	47,850	0
Page 1	1	66	Skidsteer VIN 21502905	24,300	24,300	0
Page 1	1	67	2013 Caterpillar Telehandler	52,083	52,083	0
				125,843	125,843	0
				125,843	125,843	0

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**Future Depreciation Report****FYE: 12/31/24**

FYE: 12/31/2023

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
64	Laptop computers	1/17/23	1,850	96	96
65	Rough Terrain Crane	1/23/23	55,000	2,860	2,860
66	Skidsteer VIN 21502905	11/14/23	30,000	2,280	2,280
67	2013 Caterpillar Telehandler	11/22/23	64,300	4,887	4,887
			<u>151,150</u>	<u>10,123</u>	<u>10,123</u>

**Other Depreciation:**

1	Mixer 9 cu ft Mortar Honda	1/20/20	3,200	640	640
2	Plate compactor	1/21/20	2,781	0	0
3	STIHL generator	1/21/20	1,230	0	0
4	Plasma cutter	1/23/20	2,000	0	0
5	Welding helmet, compressor, grinder, etc.	1/23/20	1,050	0	0
6	2 concrete mixers with 13HP Honda GX390 eng.	7/16/20	7,628	1,525	1,525
8	Yamaha motorcycle	8/27/20	2,200	314	314
9	Temp housing earthquake relief supplies	8/18/21	22,404	4,979	4,979
10	Electric 4 wheeler - Haiti	8/20/21	1,300	260	260
11	Generator - Haiti	8/20/21	7,660	1,277	1,277
12	Chainsaw - Haiti	8/20/21	750	167	167
13	Honda generator	8/20/21	600	133	133
14	Cement mixer - Haiti	8/20/21	800	160	160
15	Delta table saw - Haiti	8/20/21	250	50	50
16	Miller welder - Haiti	8/20/21	1,300	260	260
17	Chainsaw - Haiti	8/20/21	250	56	56
18	Table saw - Haiti	8/20/21	800	160	160
19	Drone - Haiti	8/20/21	400	89	89
20	Go-Pro camera - Haiti	8/20/21	150	33	33
21	Trailer	9/15/21	15,358	2,194	2,194
22	Trailer tires	9/21/21	778	195	195
23	Tables, chairs	9/23/21	1,871	374	374
24	Welder/generator	9/28/21	5,795	828	828
25	Scaffolding	9/28/21	3,531	504	504
26	Welding cable	9/28/21	750	187	187
27	EZ grout wall braces, box and pallet	9/29/21	11,000	1,571	1,571
28	Mortar/grout mixer	9/29/21	8,000	1,600	1,600
29	Rebar cutter	9/29/21	1,012	202	202
30	Scaffold frames	9/29/21	1,750	250	250
31	Concrete shoot	9/29/21	500	125	125
32	16' planks	9/29/21	3,840	960	960
33	2 mortar tubs	9/29/21	500	100	100
34	Level, 48" crick	10/04/21	702	176	176
35	Laser with tripod, transit with tripod	10/05/21	3,860	772	772
36	Welding cable	10/07/21	750	187	187
37	Atlas Bobcat	10/08/21	51,419	7,346	7,346
38	Concrete saws, power washer, generator	10/13/21	14,482	2,069	2,069
39	Wheelbarrow	10/18/21	2,048	569	569
40	Concrete mixer	10/18/21	4,849	970	970
41	Generator	10/28/21	1,800	500	500
44	Suzuki truck	7/31/19	5,000	0	0
45	MacBook (Randy's)	5/28/19	2,672	0	0
46	Dell laptop (accounting)	9/23/19	1,012	0	0
47	Solar panels	10/01/19	2,500	0	0
48	Large generator (Baliles)	10/23/19	1,000	0	0
49	Small generator (Baliles)	10/23/19	150	0	0
50	Compressor (Baliles)	10/23/19	500	0	0
51	Trash pump (Baliles)	10/23/19	350	0	0
52	T-shirts	10/29/19	439	0	0
53	Camera - Phantom 3	4/25/22	353	118	0
54	Drone - DJI Mavic	5/27/22	480	160	0
55	Fuel Transfer Pump	5/27/22	452	150	0
56	Excavator - FF2405X605835	7/01/22	62,500	8,928	0
57	Neville Built Trailer - INDD432XCH175047	7/09/22	35,320	5,045	0
58	Freightliner Tractor Truck	7/09/22	43,500	6,215	0
59	Concrete Bucket	9/27/22	6,027	861	0
60	Concrete Bucket	9/27/22	6,027	861	0



**Future Depreciation Report****FYE: 12/31/24****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
61	Concrete Side Chute	9/27/22	1,042	149	0
62	Electric rebar	9/28/22	5,025	718	0
63	Concrete Mixer Truck	9/30/22	38,000	5,428	0
<b>Total Other Depreciation</b>			<u>403,697</u>	<u>60,415</u>	<u>31,782</u>
<b>Total ACRS and Other Depreciation</b>			<u><u>403,697</u></u>	<u><u>60,415</u></u>	<u><u>31,782</u></u>
<b>Listed Property:</b>					
7	2015 F550 Truck	8/27/20	30,310	4,330	4,330
42	Truck	10/21/21	42,900	5,860	5,860
43	Ford Ranger Truck	12/31/18	25,625	2,075	2,075
			<u>98,835</u>	<u>12,265</u>	<u>12,265</u>
<b>Grand Totals</b>			<u><u>653,682</u></u>	<u><u>82,803</u></u>	<u><u>54,170</u></u>

Asset	Description	Date In Service	Cost	IL
<b>Prior MACRS:</b>				
64	Laptop computers	1/17/23	1,850	96
65	Rough Terrain Crane	1/23/23	55,000	2,860
66	Skidsteer VIN 21502905	11/14/23	30,000	2,280
67	2013 Caterpillar Telehandler	11/22/23	64,300	4,887
			<u>151,150</u>	<u>10,123</u>

**Other Depreciation:**

1	Mixer 9 cu ft Mortar Honda	1/20/20	3,200	640
2	Plate compactor	1/21/20	2,781	0
3	STIHL generator	1/21/20	1,230	0
4	Plasma cutter	1/23/20	2,000	0
5	Welding helmet, compressor, grinder, etc.	1/23/20	1,050	0
6	2 concrete mixers with 13HP Honda GX390 eng.	7/16/20	7,628	1,525
8	Yamaha motorcycle	8/27/20	2,200	314
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11	Generator - Haiti	8/20/21	7,660	1,277
12	Chainsaw - Haiti	8/20/21	750	167
13	Honda generator	8/20/21	600	133
14	Cement mixer - Haiti	8/20/21	800	160
15	Delta table saw - Haiti	8/20/21	250	50
16	Miller welder - Haiti	8/20/21	1,300	260
17	Chainsaw - Haiti	8/20/21	250	56
18	Table saw - Haiti	8/20/21	800	160
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24	Welder/generator	9/28/21	5,795	828
25	Scaffolding	9/28/21	3,531	504
26	Welding cable	9/28/21	750	187
27	EZ grout wall braces, box and pallet	9/29/21	11,000	1,571
28	Mortar/grout mixer	9/29/21	8,000	1,600
29	Rebar cutter	9/29/21	1,012	202
30	Scaffold frames	9/29/21	1,750	250
31	Concrete shoot	9/29/21	500	125
32	16' planks	9/29/21	3,840	960
33	2 mortar tubs	9/29/21	500	100
34	Level, 48" crick	10/04/21	702	176
35	Laser with tripod, transit with tripod	10/05/21	3,860	772
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38	Concrete saws, power washer, generator	10/13/21	14,482	2,069
39	Wheelbarrow	10/18/21	2,048	569
40	Concrete mixer	10/18/21	4,849	970
41	Generator	10/28/21	1,800	500
44	Suzuki truck	7/31/19	5,000	0
45	MacBook (Randy's)	5/28/19	2,672	0
46	Dell laptop (accounting)	9/23/19	1,012	0
47	Solar panels	10/01/19	2,500	0
48	Large generator (Baliles)	10/23/19	1,000	0
49	Small generator (Baliles)	10/23/19	150	0
50	Compressor (Baliles)	10/23/19	500	0
51	Trash pump (Baliles)	10/23/19	350	0
52	T-shirts	10/29/19	439	0
53	Camera - Phantom 3	4/25/22	353	118
54	Drone - DJI Mavic	5/27/22	480	160
55	Fuel Transfer Pump	5/27/22	452	150
56	Excavator - FF2405X605835	7/01/22	62,500	8,928
57	Neville Built Trailer - INDD432XCH175047	7/09/22	35,320	5,045
58	Freightliner Tractor Truck	7/09/22	43,500	6,215
59	Concrete Bucket	9/27/22	6,027	861
60	Concrete Bucket	9/27/22	6,027	861

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IL</u>
61	Concrete Side Chute	9/27/22	1,042	149
62	Electric rebar	9/28/22	5,025	718
63	Concrete Mixer Truck	9/30/22	38,000	5,428
	<b>Total Other Depreciation</b>		<u>403,697</u>	<u>60,415</u>
	<b>Total ACRS and Other Depreciation</b>		<u><u>403,697</u></u>	<u><u>60,415</u></u>
<b>Listed Property:</b>				
7	2015 F550 Truck	8/27/20	30,310	4,330
42	Truck	10/21/21	42,900	5,860
43	Ford Ranger Truck	12/31/18	25,625	2,075
			<u>98,835</u>	<u>12,265</u>
	<b>Grand Totals</b>		<u><u>653,682</u></u>	<u><u>82,803</u></u>

Form <b>990</b>	<b>Tax Return History</b>	<b>2023</b>
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Name	<b>The Lakou NFP c/o Rozovics Group LLP</b>	Employer Identification Number <b>82-2703338</b>
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....			750,132	519,238	567,983	
Membership dues .....						
Program service revenue .....			48,801	84,515	429,042	
Capital gain or loss .....						
Investment income .....			28	55	96	
Fundraising revenue (income/loss) .....					35,000	
Gaming revenue (income/loss) .....						
Other revenue .....				1,973	563	
<b>Total revenue</b> .....			<b>798,961</b>	<b>605,781</b>	<b>1,032,684</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			30,000	37,500	37,500	
Other compensation .....			84,294	140,523	122,803	
Professional fees .....			21,179	30,292	79,397	
Occupancy costs .....			48,100	47,100	54,505	
Depreciation and depletion .....			22,920	64,160	206,289	
Other expenses .....			244,037	274,717	294,670	
<b>Total expenses</b> .....			<b>450,530</b>	<b>594,292</b>	<b>795,164</b>	
<b>Excess or (Deficit)</b> .....			<b>348,431</b>	<b>11,489</b>	<b>237,520</b>	
<b>Total exempt revenue</b> .....			<b>798,961</b>	<b>605,781</b>	<b>1,032,684</b>	
Total unrelated revenue .....						
Total excludable revenue .....			48,829	86,543	429,701	
Total Assets .....			623,206	687,960	1,045,075	
Total Liabilities .....						
Net Fund Balances .....			623,206	687,960	1,045,075	

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ <u>96</u>					
Total	\$ <u><u>96</u></u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Independent Contractor Fees	\$ 38,957	\$ 38,957	\$	\$
Business Registration Fees	13,750		13,750	
Stripe Processing Fee	2,652			2,652
Special Event	2,253			2,253
Professional Fees - Other	1,014	1,014		
Donor Management Program	468			468
Total	<u>\$ 59,094</u>	<u>\$ 39,971</u>	<u>\$ 13,750</u>	<u>\$ 5,373</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Vehicles	\$ 14,723	\$ 14,723	\$	\$
General Operations	4,209		4,209	
Technology	671	671		
Total	<u>\$ 19,603</u>	<u>\$ 15,394</u>	<u>\$ 4,209</u>	<u>\$ 0</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Contributions - Other	\$ 265,000
Annual Appeal	220,502
Individual Contributions	44,979
Recurring Contributions	28,652
Gifts in Kind	8,850
Total	\$ <u>567,983</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
Reimbursements	\$ 374,000
Special Events	55,042
Interest	96
Other Revenue	563
Golf Tournament	35,000
Total	\$ <u>464,701</u>