The Lakou NFP c/o Rozovics Group LLP 805 W. Touhy Ave Park Ridge, IL 60068

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
||...|...|.||...|||...||

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury

men	iai Kevei	lue Service	GO to www.irs.gov/Form990 for instructions	s and the i	atest iiiioiiiia	uon.		1115	phection
Α	For th	e 2022 d	calendar year, or tax year beginning , and ending	3					
В	Check if a	applicable:	C Name of organization The Lakou NFP			I	D Employe	r identificatio	n number
X	Address	change	c/o Rozovics Group LLP						
Ξ,	Name cha	ange	Doing business as				82-2	703338	}
_		-	Number and street (or P.O. box if mail is not delivered to street address)		Room/		E Telephone		
	Initial retu		805 W. Touhy Ave  City or town, state or province, country, and ZIP or foreign postal code				84/-	<u>699-76</u>	,00
	Final retu terminate								
	Amended	l return	Park Ridge IL 60068			(	G Gross rece	eipts\$	605,781
_			F Name and address of principal officer:		H(a	) Is this a grou	n return for s	subordinates	Yes X No
′	Application	on pending	Randal J. Meyer			-	•	=	
			1934 State Route 26		H(b	) Are all subor		_	Yes No
			Metamora IL 61548			If "No," a	ittach a list. \$	See instructions	S
I	Tax-exer	mpt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527					
J	Website	e: <b>W</b>	ww.lakou.org		H(c	) Group exem			
		organization	: X Corporation Trust Association Other		L Year of fo	rmation: 20	17	M State of le	gal domicile: 🎞
P	art I		ımmary						
	1 1	Briefly de	escribe the organization's mission or most significant activities:						
Se			Schedule O						
ш									
ērī									
Governance	2 (	Check th	is box if the organization discontinued its operations or disposed	of more th	an 25% of its	s net asset	ts.		
<b>∞</b>			of vertice was made and of the management and a device of the device of					7	
es			of independent voting members of the governing body (Part VI, line 1b	 o)				5	
ij	5	Total nur	nber of individuals employed in calendar year 2022 (Part V, line 2a)	-/			5	6	
Activities			nhar of valuntaara (aatimata if naagaaaru)				6	0	
⋖			related by single very any of them. Don't VIII. ash year (C) line 12				7-		0
			lated business taxable income from Form 990-T, Part I, line 11				7b		0
		vot unio	accu business taxable income nomi com coo-1, 1 art, inc 11		· · · · · · · · · · · · · · · · · · ·	Prior Year		Curre	ent Year
•	8 (	Contribut	tions and grants (Part VIII, line 1h)				,132		519,238
ž	9	Program	service revenue (Part VIII, line 2g)				,801		84,515
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)				28		55
~	11 (	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						1,973
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line			798	,961		$\frac{-7.75}{605,781}$
			nd similar amounts paid (Part IX, column (A), lines 1–3)				/		0
			noid to or for members (Part IV, column (A), line 4)						
"			other compensation, employee benefits (Part IX, column (A), lines 5–			114	,294		178,023
sesued:			onal fundraising fees (Part IX, column (A), line 11e)	10)			, 2 3 2		170,025
en				490					
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24e)			336	,236		416,269
	10	Total ava	perises (Part IX, Coldrill (X), lines 11a-11d, 111-24e)  penses. Add lines 13–17 (must equal Part IX, column (A), line 25)				,530		594,292
							,431	•	$\frac{394,292}{11,489}$
e o	19 1	Revenue	less expenses. Subtract line 18 from line 12		Begin	ning of Curre		End	of Year
let Assets or and Balances	20	Total ass	ets (Part X, line 16)				,206		687,960
Ass  Ba	21	Total liab	ilities (Part X, line 26)				0		0
E E	22		ts or fund balances. Subtract line 21 from line 20			623	,206		687,960
P	art II	00000	gnature Block				/ = 0 0		<del> ,</del>
			perjury, I declare that I have examined this return, including accompanying sc	hadulas an	nd statements	and to the h	neet of my	knowledge s	and helief it is
			complete. Declaration of preparer (other than officer) is based on all information					Milowicago	and boller, it is
Sig	ın	Signature	e of officer				Date		
He		_		eside	n+				
		_	orint name and title	GOTUE	:11 6				
			e preparer's name Preparer's signature			Date	- I a: :	if PTIN	 I
Paid	d						Check	□ "	
	parer		ry A. Rozovics				25 self-em		0227382
	Only	Firm's na				Fire	m's EIN	80-0	955974
use	Unity		805 W. Touhy Ave					0.47	.00 7.00
		Firm's ad				Pho	one no.		99-7600
May	∕ the IF	₹S discus	ss this return with the preparer shown above? See instructions					X	Yes No

Form 990 (2022) The Lakou NFP
Part III Statement of Program Service Accomplishments

82-2703338

Page 2

	oe the organization's mission	tains a response or note to any line	777	X
Bee Sche	d1 a A			
Did the organ	ization undertake any signifi	cant program services during the year which	were not listed on the	
prior Form 99	0 or 990-EZ?			Yes X N
If "Yes," desc	ribe these new services on S	Schedule O.		
		make significant changes in how it conduct	s, any program	
services?				Yes X N
If "Yes," desc	ribe these changes on Sche	edule O.		
Describe the	organization's program servi	ice accomplishments for each of its three lar	gest program services, as measured by	
expenses. Se	ection 501(c)(3) and 501(c)(4	1) organizations are required to report the an	nount of grants and allocations to others,	
the total exper	nses, and revenue, if any, fo	or each program service reported.	_	
·	•	, ,		
(Code:	) (Expenses \$	383,068 including grants of \$	) (Revenue \$	
onstruc	tion training	to launch development	in Haiti, where with	skills a
pportun	ity, Haitians	can create their own	sustainable solutions	for
		and communities.		
•				
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
/ <b>A</b>		g g		
•				
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
<b>/A</b>	/ (Εχροπούο Ψ	g grante or \$\psi_{}	) (November \$\psi	
· <del>* *</del>			• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •				
•				
·				
Other prograr (Expenses \$	m services (Describe on Sch	nedule O.) including grants of \$		

Form 990 (2022) **The Lakou NFP**Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			3.5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
0	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Λ
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		22
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
_	complete Schedule D. Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.5
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		х
20a	Did :	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	2			

					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als or	1			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	4 1				
	organization's current and former officers, directors, trustees, key employees, and highest compensate employees? <i>If "Yes," complete Schedule J</i>	iea		23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			23		Λ
<b>2</b> -70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer li		24h			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the		Γ			
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce	ss be	enefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	990-E	Z?			
	If "Yes," complete Schedule L, Part I			25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	/ curr	ent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			-		v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	 too k		26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust		ley			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these					
	persons? If "Yes," complete Schedule L, Part III	30		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	 edule	 I			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	Juuio	_,			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	itor?	lf			
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ule M	1	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed				
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu		l, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	,				
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulatio	ns			
				. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par					v
25-	or IV, and Part V, line 1			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			35a		Λ
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate			335		
00	valeted exemplestion? If "Vee " exemplete Caledville D. Dant V. line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ			33		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1					
_	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.			38	X	
Pa	art 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	<u></u>	<u> </u>	<u></u> .	
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b		1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1 4-	· V	1

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (con	tinue	d)		Yes	No
2a	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	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? ִ		2b	X	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe		-			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia		unts (FBAR).	F		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	action:		5D		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	 the				
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	uic		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o				
-	gifts were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	<b>S</b>			
	and convises provided to the pover?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		• •	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by	the			
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		4.4		32
14a						X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i>			14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remule excess parachute payment(s) during the year?			15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13		Α.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		x
. •	If "Yes," complete Form 4720, Schedule O.	100				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			. 17		
	If "Yes," complete Form 6069.					

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 1a Enter the number of voting members of the governing body at the end of the tax year 7 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. 5 **b** Enter the number of voting members included on line 1a, above, who are independent 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **IL** 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Steve J. Cook 1580 N. Northwest Hwy

321-277-91

IL 60068

Park Ridge

Form 990 (2022) **The Lakou NFP** 

32-2703338

Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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 org	anization nor a	ny re	lated	dorg	aniz	ation con	npensated any current offic	cer, director, or trustee.	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	erson	than one is both an ir/trustee)	( <b>D</b> ) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Lanae B Meyer									
B	10.00			3,			27 500	0	0
Director (2) Steve Cook	0.00	X		X			37,500	0	0
(2) Steve Cook	0.00								
Member	0.00	x					0	0	0
(3) David E. Haracz	0.00						0	0	
(0)24114 2. 1141461	0.00								
Treasurer	0.00	X					0	0	0
(4) Thomas Keenan									
, ,	0.00								
Member	0.00	X					0	0	0
(5)Connor Larsen									
	0.00								
Member	0.00	X					0	0	0
(6) Randal J. Meyer									
	0.00								_
President	0.00	X			<u> </u>		0	0	0
(7) William C. Murp									
	0.00								
Secretary	0.00	X					0	0	0
(8)Mike Petersen	0 00								
Manhan	0.00	X						0	0
Member (9) Carl Sajous	0.00	A					0	U	0
(9) Carr Sajous	0.00								
Member	0.00	x					0	0	0
(10) Jack Scapin	0.00	A					0	0	<u> </u>
(:-, 3 a 3:1 2 3 a p a 1:	0.00								
Member	0.00	X					0	0	0
(11) Cynthia Withers									
<u>-</u>	0.00								
Member	0.00	X					0	0	0

Pa	rt VII Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploy	ees	, and Highest Compensa	ted Employees (continue	ed)
	<b>(A)</b> Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a c	erson	than is both	n an tee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
									28 522		
1b	Subtotal  Total from continuation she								37,500		
c d	Total (add lines 1b and 1c)								37,500		
2	Total number of individuals (ir	ncluding but not	limit	ed to	tho	se li	sted	abo	ove) who received more that	n \$100,000 of	
3	Did the organization list any form employee on line 1a? If "Yes, For any individual listed on lin organization and related organization and related organization."	ormer officer, di " complete Sche e 1a, is the sum	recte edule of r	e <i>J fo</i> epor	or su table	<i>ch ii</i> cor	<i>ndivi</i> nper	<i>dua</i> isat	olion and other compensation	n from the	Yes No 3 X
5	Did any person listed on line of for services rendered to the o										5 X
Sect	ion B. Independent Contract		700,		πρισ			<i></i>	ve rer each percent		
1	Complete this table for your fi compensation from the organ										vear.
		(A) d business address	- 1							(B) tion of services	(C) Compensation
2	Total number of independent								nose listed above) who	0	

гd	ITL V			edule O con	tains	a respo	nse or no	te 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
and Other Similar Amounts	1a	Federated camp	paigns		1a						
on or		Membership du			1b						
Am,		Fundraising eve			1c						
ar		Related organiza			1d						
Ξ,		Government grants (c			1e						
S	f	All other contributions	, gifts, gr	ants,							
the	~	and similar amounts n Noncash contributions			1f		519,238				
Ò	y	lines 1a-1f			1g	\$					
and	h	Total. Add lines						519,238			
							Business Code	,			
ń	2a	Special Ev	ents					48,515	48,515		
<u> </u>	b							36,000	36,000		
Program Service Revenue	С							,	,		
e e	d										
200	е										
_	f	All other program									
		Total. Add lines						84,515			<u> </u>
	_	Investment inco									
		other similar am		-				55	55		
	4	Income from inv									
	5			•		-					
		,		(i) Real			ersonal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	ne or (I	loss)							
	7a	Gross amount from		(i) Securities	;	(ii)	Other				
		sales of assets other than inventory	7a								
ne	b	Less: cost or other									
/en		basis and sales exps.	7b								
Other Revenue	С	Gain or (loss)	7c								
er		Net gain or (loss	s)								
동	8a	Gross income from	n fundra	aising events							
		(not including \$									
		of contributions rep		on line							
		1c). See Part IV, li	ne 18		8a						
	b	Less: direct exp	enses		8b						
	С	Net income or (I	loss) fi	rom fundraising	events	3					
	9a	Gross income fr	om ga	aming							
		activities. See P	-	_	9a						
	b	Less: direct exp	enses		9b						
	С	Net income or (I	loss) fi	rom gaming act	ivities						
		Gross sales of i					-				
		returns and allow	wance	s	10a						
	b	Less: cost of go	ods so	old	10b						
	С	Net income or (I	loss) fi		entory						
2	_		· <u> </u>			_	Business Code				
ှိ မ	11a	Other Reve	nue					1,973	1,973		
ent	b										
Miscellaneous Revenue	С										
".œ	d	All other revenue	e								
	е	Total. Add lines	11a–	11d				1,973			
_	12	Total revenue.	See in	structions				605,781	86,543	0	

### 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 (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 37,500 37,500 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 119,413 119,413 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,017 5,515 1,502 9 14,093 14,093 10 Payroll taxes Fees for services (nonemployees): a Management ..... **b** Legal c Accounting 3,545 3,545 **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 26,747 14,480 2,581 9,686 12 Advertising and promotion 3,449 3,449 3,355 Office expenses 13 Information technology ..... 1,511 14 1,511 Royalties 47,100 47,100 Occupancy 16 7,224 7,224 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 64,160 64,160 22 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.) 95,63895,638 IGSA 54,20054,200Administration 34,031 34,031 Professional Fees 29,977 29,977 Operations d e All other expenses 45,332 41,588 3,744 144,878 16,490 594,292 432,924 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2022) The Lakou NFP

Part X Balance Sheet

	Check if Schedule O contains a response of	. note to any line		(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest-bearing			223,473	1	176,669
2				115,038	2	102,030
3					3	
4	Accounts receivable not				4	
5		former officer, dire	ector.		-	
•	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of these	norcone	m		5	
6			fined			
,	under section 4958(f)(1)), and persons described				6	
7				30,000	7	20,000
8   3	Inventories for sale or use			,	8	
9	Proposid expenses and deferred charges				9	
10	<b>a</b> Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	502,532			
	<b>b</b> Less: accumulated depreciation		113,271	254,695	10c	389,261
11			,	,	11	,
12		1			12	
13		11			13	
14					14	
15	Ctl				15	
16				623,206	16	687,960
17				,	17	•
18				18		
19			19			
20	Tay ayampt hand liabilities			20		
21					21	
22	-					
22	trustee, key employee, creator or founder, substa	antial contributor, o	or 35%			
3	controlled entity or family member of any of these	persons			22	
i   <sub>23</sub>	Secured mortgages and notes payable to unrelate	nd third parties			23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay	ables to related th				
	parties, and other liabilities not included on lines	17-24). Complete l	Part X			
	of Schedule D				25	
26	<u> </u>			0	26	0
,	Organizations that follow FASB ASC 958, che	ck here X				
3	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			623,206	27	687,960
28					28	
<b>É</b>	Organizations that do not follow FASB ASC 9	58, check here				
:	and complete lines 29 through 33.					
29					29	
30		uipment fund			30	
31	<u> </u>	ome, or other fund	ls		31	
27 28 29 30 31 32				623,206	32	687,960
33	Total liabilities and net assets/fund balances			623,206	33	687,960

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	60	5,	781
2	Total expenses (must equal Part IX, column (A), line 25)	59	4,	292
3	Revenue less expenses. Subtract line 2 from line 1			489
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	62	3,	206
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	5	3,2	<u> 265</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
50000000000000	32, column (B)) 10	68	7,	960
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. LL</u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	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?	3a		<u> </u>
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	3b		

Form **990** (2022)

# **Federal Statements**

FYE: 12/31/2022

# 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								
Truck	8/27/20	100.00 \$	30,310 \$	30,310	7.0	S/L-	\$ 4,330	\$
	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 <b>,</b> 625	7.0	S/L-	3,660	
Total		\$	98,835 \$	98 <b>,</b> 835			\$ 14,119	\$ 0

### **SCHEDULE A** (Form 990)

**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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

The Lakou NFP Employer identification number Name of the organization c/o Rozovics Group LLP 82-2703338 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

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

(D)

(E)

Total

Schedule A (Form 990) 2022

Part II Support

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.)

Sec	tion A. Public Support	,	-			,	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,332	19,850	321,529	750,132	519,238	1,639,081
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 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	28,332	19,850	321,529	750,132	519,238	1,639,081
6	Public support. Subtract line 5 from line 4						1,639,081
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	( <b>f)</b> Total
7	Amounts from line 4	28,332	19,850	321,529	750,132	519,238	1,639,081
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	Total support. Add lines 7 through 10						1,639,119
12	Gross receipts from related activities, etc	· ·					135,372
13	First 5 years. If the Form 990 is for the o	•	second, third, for	irth, or fifth tax yea	ar as a section 501	I(c)(3)	
	organization, check this box and stop he						X
	tion C. Computation of Public S					1	
14	Public support percentage for 2022 (line			mn (f))			%
15	Public support percentage from 2021 Sch	· · · · · · · · · · · · · · · · · · ·				15	%
16a	33 1/3% support test—2022. If the orga				s 33 1/3% or more	e, check this	
	box and <b>stop here</b> . The organization qua						
b	33 1/3% support test—2021. If the orga				e 15 is 33 1/3% or	more, check	
47-	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the fa	ts the facts-and-ci	rcumstances test	check this box ar	nd <b>stop here.</b> Exp	lain in	
	organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the	n meets the facts-a	and-circumstance	s test, check this b	oox and <b>stop here</b>	. Explain	
	organization					• •	
18	<b>Private foundation.</b> If the organization di instructions	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, cl	heck this box and	see	

The Lakou NFP 82-2703338 Schedule A (Form 990) 2022 Page 3

# Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			•	•		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	(3) 2010	(6) 2020	(4) 2021	(6) 2022	(i) rotal
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the corganization, check this box and stop her			•		. , . ,	<u>'</u>
Sec	tion C. Computation of Public S		entage				
15	Public support percentage for 2022 (line 8			umn (f))		15	%
16	Public support percentage from 2021 Sch	nedule A, Part III, I	line 15			16	_
	tion D. Computation of Investment	ent Income Po	ercentage				<u>.                                    </u>
17	Investment income percentage for 2022 (	line 10c, column (	(f), divided by line	13, column (f))		17	%
18	nvestment income percentage from 2021		III lino 17			10	%
19a	<b>33 1/3% support tests—2022.</b> If the org	anization did not c	check the box on li	ne 14, and line 15	is more than 33 1	/3%, and line	
	17 is not more than 33 1/3%, check this b	-	-			-	
b	33 1/3% support tests—2021. If the org						
	line 18 is not more than 33 1/3%, check t		=	· ·		=	
20	<b>Private foundation.</b> If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this	box and see instru	ictions	

Schedule A (Form 990) 2022

The Lakou NFP 82-2703338

#### 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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
70		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	<del> </del>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		1	ı
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		1	ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structi		I
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	O.L.		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
I.	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	L	l

<u>Sche</u> d	ule A (Form 990) 2022 <b>The Lakou NFP</b>		82-2703	338 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	), 1970 (explain in <b>Part VI</b>	). See
	instructions. All other Type III non-functionally integrated supporting organizations mu	ıst cor	mplete Sections A through	E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	Adjusted Not modifie		(A) Thorreal	(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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		
k	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

(see instructions).

 Schedule A (Form 990) 2022
 The Lakou NFP
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 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continue		736 Page 1
	ion D – Distributions	<u> </u>			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		= ===		7 4110411101 4044
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required–explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (For	m 990) 2022	The Lakou	NFP			82-2703338	Page <b>8</b>
Part VI	Supplemental Info	<b>ormation.</b> Provide , Section A, lines	e the explanat 1, 2, 3b, 3c, 4l	b, 4c, 5a, 6, 9a	, 9b, 9c, 11a,	11b, and 11c; Par	a or 17b; Part t IV, Section
	B, lines 1 and 2; P 3a, and 3b; Part V lines 2, 5, and 6. A	, line 1; Part V, Se	ection B, line 1	le; Part V, Sect	tion D, lines 5	6, and 8; and Pa	
		neo comprete une	parties any a		1440111 (000 111	ou detiene.)	
•							
•							
•							
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• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
•							

DAA Schedule A (Form 990) 2022

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

	of the organization		Employer identification number
	he Lakou NFP		
*************	/o Rozovics Group LLP		82-2703338
P8	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t		
	funds are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or do	• • • •	
D.	conferring impermissible private benefit?  Int II Conservation Easements.		Yes No
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or ed	lucation) 🔛 Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure i		2c
d	Number of conservation easements included in (c) acquired after Ju	lly 25, 2006, and not on a	2d
3	historic structure listed in the National Register  Number of conservation easements modified, transferred, released,	extinguished or terminated by the organ	
•	tax year	extinguished, or terminated by the organ	iization during the
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic me		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisf	fy the requirements of section 170(h)(4)(	B)(i)
	and anotion 470/h)/4)/D)/ii)0		□ Voc □ No
9	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements tha	at describes the
	organization's accounting for conservation easements.	-4 11:-4: T 04	han Olmilan Assats
Pa	Organizations Maintaining Collections of A Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered of the Complete if the Organization and Organ		ner Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not t	to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to re		
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
			\$
_			
2	If the organization received or held works of art, historical treasures,	_	, provide the
_	following amounts required to be reported under FASB ASC 958 relatives included on Farm 2000. Best VIII. line 4	-	Φ.
a			
<u>u</u>	Assets included in Form 990, Part X		Ф

Pa	rt III	<b>Organizations Maintain</b>	ing Collections	of Art, F	listorical	Treasure	s, or Oth	ner Si	mila	r Ass	ets (cor	tinu	ed)
3	Using the collection	e organization's acquisition, acce nitems (check all that apply):	ssion, and other reco	rds, check	any of the f	ollowing that	make sign	ificant ι	ise of	its			
а	Publi	c exhibition	d 🗌	Loan or e	xchange pro	gram							
b	Scho	larly research	е 🗍										
С		ervation for future generations		• • • •									
4		a description of the organization's	collections and expla	in how the	ev further the	e organizatio	n's exempt	purpos	e in P	art			
•	XIII.	a documption of the organization of	concentent and explo		y randior and	or gar iizatioi	ro oxompt	pa.poo		Ci C			
5		ne year, did the organization solic	it or receive donations	of art his	storical treas	ures or othe	er similar						
·	_	be sold to raise funds rather that									Ye	. $ abla$	No
Pa	irt IV	Escrow and Custodial A		partorti	o organizatio	or o ooncono					10.		110
		Complete if the organizat 990, Part X, line 21.	•	es" on F	orm 990,	Part IV, lir	ne 9, or re	eporte	d an	ı amoı	unt on F	orm	
1a	Is the ord	ganization an agent, trustee, cust	odian or other interme	ediary for o	contributions	or other ass	sets not						
				•							Ye	s [	No
b		explain the arrangement in Part X									. Ш		_
	,		'	3							Amount		
С	Beginnin	g balance						•	1c				
		during the year							1d				
۵	Dietributi	ons during the year							1e				
f	Ending h	ons during the year							1f				
່ ໃລ	Did the	alancerganization include an amount or	Form 000 Part V li		ecrow or ci	etodial acco	t liability	L			Ye	, [	No
		explain the arrangement in Part X											140
	irt V	Endowment Funds.	dii. Check here ii the	Схріанаціо	iii iias beeii	provided on	I dit XIII			<u></u>			
		Complete if the organizat	ion answered "V	es" on F	orm 990	Part I\/ lir	10						
		Complete if the organization	(a) Current year		Prior year	(c) Two ye		(d) Thr	ee year	s hack	(e) Four	vears	hack
12	Reginnin	g of year balance	(a) carrons year	(2)	no. you.	(0) )	are sucre	(4)	oo you.	- Daoit	(0) : 04:	,	- Count
		tions											
C		stment earnings, gains, and											
الم	losses												
		r scholarships		1			+						
е		penditures for facilities and											
	program	3											
		rative expenses											
		ear balance		/!: 4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
		he estimated percentage of the c	•	ice (line 1g	j, column (a)	)) held as:							
a		signated or quasi-endowment											
b		ent endowment %	)										
С	Term en												
_		entages on lines 2a, 2b, and 2c s	•										
3a		e endowment funds not in the pos	session of the organi	zation that	are held an	d administer	ed for the				Г		
	organiza											Yes	No
											3a(i)		
	` '												
b		on line 3a(ii), are the related organ									. 3b		
4		in Part XIII the intended uses of		dowment f	unds.								
Pá	irt VI	Land, Buildings, and Ed						_	_				_
		Complete if the organizat								<u>190, P</u>			U.
		Description of property	(a) Cost or other		(b) Cost or o			cumulate	b		(d) Book v	alue	
			(investment	)	(othe	er)	dep	reciation					
1a	Land									4			
	Buildings												
С	Leaseho	d improvements											
d	Equipme	nt				56,204			, 23				965
е	Other					46,328		37	, 03	2			296
Tota	I. Add line	s 1a through 1e. <i>(Column (d) mu</i>	st equal Form 990, F	Part X, col	umn (B), line	e 10c.)					38	9,:	261

Schedule D (Form 990) 2022 The Lakou NFP

Part VII	Complete if the organization answered "Ye	es" on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d	lawis satis and		Cost of end-of-year market value
	ld equity interests		
(0) (1)			
/Λ\			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Ye	es" 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)			Cost or end-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
	(a) Description	on	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I)		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		
FAILA	Complete if the organization answered "Ye	es" on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
1.	line 25.	iability	(b) Book value
	ncome taxes		(b) Dook value
(2)	TIOTHO LANGO		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
· /	n (b) must equal Form 990, Part X, col. (B) line 25.)		
	uncertain tax positions. In Part XIII, provide the text of t	he footnote to the organization's	financial statements that reports the
	liability for uncertain tay positions under EACD ACC 74		estrata has been provided in Dort VIII

	art XI Reconciliation of Revenue per Audited Financ		•	
4	Complete if the organization answered "Yes" on F			
1	70 7			
2	,	2a		
a	Net unrealized gains (losses) on investments	2a 2b		
D	Donated services and use of facilities	20 2c		
4	Recoveries of prior year grants	2d		
a	Other (Describe in Part XIII.)		20	
	Add lines 2a through 2d		2e 3	
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<b>3</b>	
4		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	O Other (Describe in Part XIII.)		40	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Ii.	ne 12 )	4c 5	
	art XII Reconciliation of Expenses per Audited Finan			
	Complete if the organization answered "Yes" on F	-	•	
1				
2			• • • • • • • • • • • • • • • • • • • •	
	Donated services and use of facilities	2a		
a h	Drief veer adjustments	2b		
0	Prior year adjustments	2c		
4	Other losses			
u	Other (Describe in Part XIII.)		2e	
3	Add lines 2a through 2d		3	
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>		4c	
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I</i> ,			
	art XIII Supplemental Information.	<i>IIIIC 10.)</i>	······	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: P	art V line 4: Part X line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p			
_,				

Schedule () (Form 990) 202. The Lakou NFP 82-2703338 Page () () () () () () () () () () () () ()	Schedule D (	Form 990) 2022 <b>The Lakou NFP</b>	82-2703338	Page <b>5</b>
	Part XIII	Supplemental Information (continued)		
		# <b>/</b> (		
	• • • • • • • • • • • • • • • • • • • •			
•				
	• • • • • • • • • • • • • • • • • • • •			

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

**Employer identification number** 

The Lakou NFP c/o Rozovics Group LLP 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, familities, 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 VI, Line 2 - Related Party Information Among Officers Randal J. Meyer Lanae Meyer President Director Married Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Tax returns will be reviewed by the board of directors.

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization The Lakou NFP 82-2703338 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 Prior Year Adjustment

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Department of the Treasury Internal Revenue Service 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 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ..... Carryover of disallowed deduction to 2023. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 50,041 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year S/L 12 yrs. 30-year S/L С 30 yrs. MM 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) 14,119 21 Listed property. Enter amount from line 28 21 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 64,160 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ...... For assets shown above and placed in service during the current year, enter the

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portion of the basis attributable to section 263A costs

82-2703338

The Lakou NFP Form 4562 (2022)

Page 2 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 (i) (a) (b) (e) (f) (g) Business/ Type of property (list vehicles first) Date placed Depreciation Elected section 179 Basis for depreciation Recovery Method/ Cost or other basis investment use (business/investment cost in service percentage period Convention deduction 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 Property used more than 50% in a qualified business use: 26 See Statement 98,835 98,835 14,119 Property used 50% or less in a qualified business use: S/L-S/L-14,11928 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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. (b) (f) (a) (d) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 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 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 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. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 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 Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the X use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions 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 (e) (b) (d) (a) (c) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2022 tax year (see instructions): 42 43 Amortization of costs that began before your 2022 tax year 43

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Total. Add amounts in column (f). See the instructions for where to report