_{Form} 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

12/31/2023 For the 2023 calendar year, or tax year beginning 01/01/2023 D Employer identification number C Name of organization LAHASH INTERNATIONAL Check if applicable: 20-4787434 Doing business as Address change Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change 503-288-5818 1315 SE 20th Avenue Suite 4 V Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 755.501 Portland, OR 97214 Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer: Daniel Holcomb Application pending H(b) Are all subordinates included? Yes No 1315 SE 20th Avenue, Suite 4, Portland, OR 97214 If "No," attach a list. See instructions.) (insert no.) 4947(a)(1) or 527 501(c) (Tax-exempt status: H(c) Group exemption number Website: www.lahash.org L Year of formation: M State of legal domicile: Form of organization: Corporation Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: Lahash International partners with East Africans advocating and caring for the vulnerable in response to Christ's love. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 8 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year** 769,508 755,244 8 0 0 Program service revenue (Part VIII, line 2g) 2 2 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 255 363 11 769.873 755,501 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 336,695 328,188 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 253,875 319,300 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 n Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) b 172,210 195,169 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 785,739 819,698 18 Revenue less expenses. Subtract line 18 from line 12 . . . -15.866 -64,197 End of Year **Beginning of Current Year** 6 420,060 357,852 Total assets (Part X, line 16) 20 4.340 6,329 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 415,720 351,523 22 Signature Block Part II 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. Date Sign Signature of officer Here Daniel Holcomb, Director Type or print name and title Date Check [] if Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Use Only Phone no. Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes ☐ No

Form 99	0 (2023)
Part	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:
	Lahash International partners with East African churches and ministries to care for vulnerable children.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	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.
	(A)
4a	(Code:) (Expenses \$ 616,791 including grants of \$ 328,188) (Revenue \$ 0)
	Partner Grants and Sponsorships - Lahash partnered with six East African organizations in 2023. These organizations care for the
	most vulnerable children in their communities. These children have lost one or both parents and are living in areas with high HIV/AIDS rates and/or living in areas affected by armed conflict. Lahash facilitated sponsorships for 461 children in Tanzania, 17
	children in Kenya, 4 children in Uganda and 99 children in Rwanda (total for 581 children). These grants provided school fees,
	spiritual education, food, shelter, and clothing for the children.
	Spiritual causation, toou, oncitos, and
	(Code:) (Expenses \$ 36.633 including grants of \$) (Revenue \$ 0)
4b	(Code:) (Expenses \$ 36,633 including grants of \$) (Revenue \$ 0) Travel Expenses - Lahash alerts, trains, and facilitates volunteers to our partner locations across East Africa. These volunteers
	earn about the local problems and solutions in the region as well as provide professional services in the fields of medicine,
	journalism, Christian education, finances, staff development, photography, and social services. In 2023 Lahash facilitated the trips
	for 5 travelers.
4.0	(Code:) (Expenses \$ 8,573 including grants of \$) (Revenue \$ 0)
4c	Publication and Media Expenses - Lahash advocates for vulnerable populations that have little or no global exposure to their plight.
	Our primary vehicle is a yearly magazine that reaches 3000 readers. We maintain two websites and raise awareness by sharing
	presentations in churches and homes. Our media team also posts hundreds of updates, blog posts, photos, and videos during the
	year about the issues and ministry in East Africa.
4d	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 661,997

Part	M Checklist of Required Schedules			rage C
D. CINS	One Chief of Medalica Concadica		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	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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	~	v
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		,
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		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	v	
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		V
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		v
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		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		~
12a	the state of the s	12a		v
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	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	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
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		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	~

Part	Checklist of Required Schedules (continued)			
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	:	~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
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>	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		v
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v
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>	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	V	
Part	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 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Let b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	V	MARKET CONTRACTOR

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3D		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
h	If "Yes," enter the name of the foreign country	7.0		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	XXXXXXXXXX	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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	_		
	and services provided to the payor?	7a		
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	7c		3000000000000
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,		
Ū	sponsoring organization have excess business holdings at any time during the year?	8	, estimated and	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		10000000000
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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: Gross income from members or shareholders			
a h	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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		
	Note: 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 the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	14a		<u> </u>
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	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?	15		V
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.	THE RESERVE		

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 throuse response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on	Schedule O.	, and See in	ior a istruc	ivo tions.
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management				
	the second secon	l		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	5			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	onship with			
	any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or und	er the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?.	5 6		V
6 7a	Did the organization have members or stockholders?	t or appoint	0		
1 a	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions undert	aken during			
	the year by the following:				
а	The governing body?		8a 8b	V	
ь 9	Each committee with authority to act on behalf of the governing body?		OD	•	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		~
Secti	on B. Policies (This Section B requests information about policies not required by the In		ue Co	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b 11a	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before find Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ang the form?	Ha		
b 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 ris		12b	V	
c	Did the organization regularly and consistently monitor and enforce compliance with the police	y? If "Yes,"			
	describe on Schedule O how this was done	!	12c	~	
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?	approval by	14		
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation are	approval by a			
_	The organization's CEO, Executive Director, or top management official		15a	~	
a b	Other officers or key employees of the organization		15b	V	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a				
	with a taxable entity during the year?		16a		<u> </u>
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 sa organization's exempt status with respect to such arrangements?		16b		
Coati	on C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed 0R				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9	90, and 990-7	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	oly.			
	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Sched				
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.	hooke and ra-	ordo		
20	State the name, address, and telephone number of the person who possesses the organization's Daniel Holcomb, (503)288-5818	DOORS allu IEC	orus.		
	Daniel Heleding, (500/200 5010				

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	any relate	d orga	aniz	atic	on c	ompe	nsa	ited any current	officer, director,	or trustee.
					C)					
(A)	(B) Position (do not check more than one							(D)	(E)	(F)
Name and title	Average					e than d is both		Reportable	Reportable	Estimated amount
	hours per week			dad		or/trust		compensation from the	compensation from related	of other compensation
	(list any hours for related	Individual trustee or director	Institutio	Officer	Key employee	Highest of employer	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
	organizations below dotted line)	al trustee or	Institutional trustee		loyee	Highest compensated employee				
Casey Schilperoort	40.00									
Media Director	0.00					~	ļ	72,930	0	0
Emily Helt	40.00									
Sponsorship Director	0.00				~			40,130	0	0
Daniel Holcomb	45.00									
Executive Director	0.00	~		1	~	ļ	<u> </u>	37,525	0	0
Nickson Khamasi	1.00									
Board Member	0.00	~		<u> </u>			ļ	0	0	0
Tom Smith	1.00									
Board Member	0.00	~	ļ	<u> </u>	<u> </u>			0	0	0
Cathy Blakeman	5.00									
Board Member	0.00	~	ļ	ļ	ļ		-	0	0	0
Maxwell Olwa	1.00								_	_
Board Member	0.00	~		\vdash	-			0	0	0
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Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
					(6	C)						
	(A)	(B)	(do n	ot cl		ition more	e than d	one	(D)	(E)		(F) Estimated amount
	Name and title	Average hours					is both or/trust		Reportable compensation	Reports compens	sation	of other
		per week (list any		T	-	1			from the organization (W-2/	from rel organization		compensation from the
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N		organization and related organizations
		related organizations	tor	onal		ploy	com		1099-1420)	1055-1	iLO)	related organizations
		below dotted line)	uste	trus		8	pens					
				tee			Highest compensated employee					
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1b	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		150,585		0	0
C	Total from continuation sheets to Part		n A						100,000			
d	Total (add lines 1b and 1c)								150,585		0	0
2	Total number of individuals (including reportable compensation from the organi		limite	ed '	to 1	thos	se lis	ted		eceived r	nore t	han \$100,000 of
	reportable compensation from the organ	Zation							0			Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ıste	e, k	кеу е	mp	loyee, or highes	st compe	nsated	
	employee on line 1a? If "Yes," complete							•				3 🗸
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta an \$	ble 150	con	npei 12 <i>I</i>	nsatic f "Ye	on a s. "	ina otner compe complete Schei	nsation tr dule J fo	om tne r such	
	individual											4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza	tion or inc	lividua	
	for services rendered to the organization	? If "Yes," (compi	lete	Scl	nedi	ule J 1	for s	such person .			5 🗸
Secti 1	on B. Independent Contractors Complete this table for your five high	nest comp	ensat	ed	ind	epe	ndent	CC	ontractors that i	eceived	more	than \$100,000 of
•	compensation from the organization. Rep	ort comper	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within the	e orgar	nization's tax year.
	(A)	-							(B)			(C)
	Name and business add	Iress						-	Description of ser	vices	****	Compensation
None			***************************************					 				
								ļ_				
	Total number of independent contractor	ors (includi	na hi	ıt r	ot	limit	ted to) th	nose listed abov	e) who		
_	received more than \$100,000 of compens	sation from	the or	rgar	nizat	ion	•		0	,		

Part	VIII	Statement of Rev	venu	e 		ac ar note to an	v line in this Da	rt \/III		П
		Check if Schedule	O co	ntains a re	ispon	se or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ý s	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ي ق	С	Fundraising events			1c	0				E all the second
fts, r A	d	Related organization	ns .		1d	0	100		1.75	
اءِ: <u>ي</u>	е	Government grants			1e	0			To the same of	
Sin	f	All other contribution								
iti e		and similar amounts no			1f	755,244		errania in		
를 품	g	Noncash contribution lines 1a-1f						And the Control of th	76	
ou Lug					1g	\$ 0	755 044		10.00	Sales Sales
0 %	h	Total. Add lines 1a-	-11 .		•	Business Code	755,244	117,5417	2 15 15 15	
بو	2a					Business code				
Ş Z	b									
Sei	c									
gram Ser Revenue	d									
Program Service Revenue	е									
Pro	f	All other program se	ervice	revenue .			0	0	0	0
	g	Total. Add lines 2a-					0		3.000	
	3	Investment income								
		other similar amoun	-				2	0	0	0
	4	Income from investr			זמ זמר	ona proceeas	0 255	255	0	0
	5	Royalties		(i) Real	· ·	(ii) Personal	255	255	U	0
	6a	Gross rents	6a	(1) 11041	0					
	b	Less: rental expenses	6b		0	 				
	c	Rental income or (loss)			0	0				
	d	Net rental income o	•	s)			0	0	0	0
	7a	Gross amount from		(i) Securit	ties	(ii) Other		(34)		Salar Britain Cons
		sales of assets								
		other than inventory	7a							10000
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b						The state of the	
Be l	C	Gain or (loss)	7c		0	0				
ĕ	d	Net gain or (loss)	m fu	ndrajejna		 				
Other	8a	Gross income fro events (not including		11012131119					Back Communication	
_		of contributions re		d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b		3.06			
	С	Net income or (loss			g eve	ents				
	9a	Gross income								10 mm 1 m
	_	activities. See Part			9a		4.0		Manager and the state of the st	
	b	Less: direct expens			9b					
	10a	Net income or (loss Gross sales of in			LIVILIE					
	iva	returns and allowan			10a			100		
	b	Less: cost of goods	sold		10b			200		
	c	Net income or (loss			vento	ory				
<u>s</u>						Business Code	E. S.			
eon le	11a									
scellaneo Revenue	b									
cell	С									
Miscellaneous Revenue	d	All other revenue	-							
-	e	Total Add lines 11a					755,501	257	0	n
	12	Total revenue. See	111011	u0110110			1 33,301	1 27	<u> </u>	

Part	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A).
Section	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
•	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign		-		
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	328,188	328,188		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	150,585	105,410	30,117	15,058
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	141,440	99,008	28,288	14,144
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	27,275	19,092	5,455	2,728
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	19,580	17,080	1,667	833
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u>, , , , </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	13,612	681	12,251	680
12	Advertising and promotion	28,578	8,573	0.540	20,005
13	Office expenses	11,807	7,084	3,542	1,181
14	Information technology	27,967	16,780	8,390	2,797
15	Royalties	0 0000			2,086
16	Occupancy	20,863 36,633	12,518 36,633	0,239	2,000
17 18	Travel	30,033	30,033		
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings .	10,950	10,950		
19 20	Interest	10,330	10,330		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,220			2,220
24	Other expenses. Itemize expenses not covered			White party and the	
	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.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	819,698	661,997	95,969	61,732
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 [if				
	following ŠOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 361,849 307,495 1 58,211 2 50,357 2 3 3 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35%controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Assets 8 8 Inventories for sale or use Q Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 10c Less: accumulated depreciation 10b 33.620 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments-program-related. See Part IV, line 11 . . . 13 13 14 14 15 15 Other assets. See Part IV, line 11 420,060 16 357,852 Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 17 4,340 6,329 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, 22 Liabilities 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 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 4,340 26 6,329 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. 27 415.720 351,523 27 Net assets without donor restrictions . . . 28 0 0 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 31 Retained earnings, endowment, accumulated income, or other funds . 31 415,720 32 351,523 32 420,060 33 357,852 Total liabilities and net assets/fund balances 33

_	4	•
Page	1	4

orm 99	0 (2023)		Pε	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		75	5,501
2	Total expenses (must equal Part IX, column (A), line 25)		81	9,698
3	Revenue less expenses. Subtract line 2 from line 1		-6	4,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		41	5,720
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		35	1,523
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		Yes	No.
1	Accounting method used to prepare the Form 990: Cash Cash Other Other 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? 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.	2a		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
	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.			
	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?	За		V
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		

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 20-4787434 LAHASH INTERNATIONAL 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.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33½% 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 33½% 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. 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) d 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 functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported organization (ii) EIN support (see other support (see listed in your governing (described on lines 1-10 document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D)

(E) Total

Concad							
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	T	I			(10000	(A.T.)
Calen	dar 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.")				-	······································	
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	Total. Add lines 1 through 3						
	_				1.00		
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)				All and the second		
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
11 12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo		е				
14	Public support percentage for 2023 (line			11, column (f))		14	%
15	Public support percentage from 2022 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2023. If the organ	ization did not	check the box	on line 13, ar			
	box and stop here. The organization qua	alifies as a pub	licly supported	organization			
b	331/3% support test-2022. If the organ	ization did not	check a box o	n line 13 or 16	ia, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization						· · · L
17a	10%-facts-and-circumstances test-2	023. If the org	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization m	eets the facts	-and-circumsta	ances test, che	eck this box a	na stop nere.	Explain in
	Part VI how the organization meets the	tacts-and-circ	umstances tes	st. The organiz	cation qualifies	as a publicly	anhhoirea L
	organization						
b	10%-facts-and-circumstances test-2	022. If the org	anization did n	ot check a bo	x on line 13, 1	ba, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	on meets the fa	acts-and-circui	nstances test,	cneck this bo	x and stop ne l	re. Explain
	in Part VI how the organization meets th	e racts-and-cii	cumstances te	s. The organi	zation qualifies	s as a publicly	auphoiren —
40	Private foundation. If the organization	did not charl	a boy on line		17a or 17h	check this ho	v and see
18	rivate foundation. If the organization	did not check	a DUX OII IIIIE	io, ioa, iob	, 17a, 01 17D,	CHOCK THIS DO	

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.)

Secti	on A. Public Support						
Calen	dar 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.")	668,785	746,258	792,971	769,508	755,244	3,732,766
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	239	292	514	363	255	1,663
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	669,024	746,550	793,485	769,871	755,499	3,734,429
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	25,930	30,508	35,660	33,625	45,114	170,837
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	25,930	30,508	35,660	33,625	45,114	170,837
8	Public support. (Subtract line 7c from					0.000	
	line 6.)					Sec. 1	3,563,592
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	669,024	746,550	793,485	769,871	755,499	3,734,429
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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	Total support. (Add lines 9, 10c, 11, and 12.)	669,024	746,550	793,485	769,871	755,499	3,734,429
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor		9				
15	Public support percentage for 2023 (line 8			3. column (f))		15	95.42 %
16	Public support percentage from 2022 Sch					16	95.7 %
	on D. Computation of Investment Inc			-			
17	Investment income percentage for 2023 (y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2022					18	0 %
19a	331/3% support tests—2023. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on 🔲
b	331/3% support tests – 2022. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation If the organization di						

Part IV

Supporting Organizations

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

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

		Yes	No
ing <i>by</i>	1		
tus ted	2		
ver			
and the			
)(B)	3b		
? If	3c 4a		
ign ion	4b		
ion sed)(B)	4c		
es," EIN on; ion			
ady	5a 5b		
	5c		
to ted or	0		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
itor tity	7		
line	8		
ore	9a		
ich	9b		
efit	9c		
ion ted	10a		
to	10b		

Scriedu	e X (FORT) 330) 2023		
Part	V Supporting Organizations (continued)	137	NI -
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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	No
c b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11b	
Secti	on B. Type I Supporting Organizations		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes 1	No
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	
Secti	on C. Type II Supporting Organizations	152	Т
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).	Yes	No
Secti	on D. All Type III Supporting Organizations	7	T
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?	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	(see in <u>struc</u>	
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part				
1	\square Check here if the organization satisfied the Integral Part Test as a qualifying	, tru:	st on Nov. 20, 1970 (explaii	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	ns A through E.
Sect	on 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B—Minimum Asset Amount	1	(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III supporti	ng organization

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	<mark>izations</mark> (continue	d)	
100000000000000000000000000000000000000	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınizations	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	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				1
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See				
	instructions.			COCCUSION OF	
3	Excess distributions carryover, if any, to 2023		100000000000000000000000000000000000000		
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total 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)				
<u>j</u>	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				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result	and the second of the second			
	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.				
	Excess distributions carryover to 2024. Add lines 3j				
7	and 4c.				The many design is the second of the second
8	Breakdown of line 7:		50 S		
a	Excess from 2019				15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (
b	Excess from 2020				
С	Excess from 2021	Control of the Contro			
d	Excess from 2022	15.			
е	Excess from 2023				

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Employer identification number

20-4787434 LAHASH INTERNATIONAL Organization type (check one): Section: Filers of: Form 990 or 990-EZ √ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization LAHASH INTERNATIONAL Page 1 of 1 of Part I
Employer identification number 20-4787434

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$36,960	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,900	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$21,689	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

20-4787434 **LAHASH INTERNATIONAL** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) . . . 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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? **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. b 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. \$ 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 Col	lections of Art, Hist	torical Treasures	, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other recor	ds, check any of th	e following that make	significant use of its
а	☐ Public exhibition		Loan or exchang		
b	☐ Scholarly research	e	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.				
5	During the year, did the organization solic assets to be sold to raise funds rather than	it or receive donation to be maintained as p	s of art, historical to part of the organization	reasures, or other simition's collection?	lar Yes No
Part	IV Escrow and Custodial Arrange	ments			
	Complete if the organization ans 990, Part X, line 21.				
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?			tions or other assets r	ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	llowing table.		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on	Form 990. Part X. line	21, for escrow or c	ustodial account liabilit	y? Yes No
žu h	If "Yes," explain the arrangement in Part XI	III. Check here if the ex	planation has been	provided in Part XIII .	´ 🗆
Par				<u> </u>	
	Complete if the organization ans	wered "Yes" on For	m 990. Part IV, line	e 10.	
		Current year (b) Prid			ck (e) Four years back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,			
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
•	programs				
f	Administrative expenses				
	End of year balance				
g 2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g. column (a	a)) held as:	
	Board designated or quasi-endowment	%	- (
a b	Permanent endowment %				
-	Term endowment %				
С	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%			
За	Are there endowment funds not in the pos	ssession of the organi	zation that are held	and administered for t	he
ou	organization by:				Yes No
	•				3a(i)
	(1)				3a(ii)
h	If "Yes" on line 3a(ii), are the related organi				3b
b	Describe in Part XIII the intended uses of the				
4 Part			William Co.		
I CIL	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. lin	e 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
			`	Sop. Columni	^
1a	Land	0	0		0
b	Buildings	0	0	0 00000	0
С	Leasehold improvements	0	33,620	33,620	0
d	Equipment	0	0	0	0
<u>e</u>	Other	0	0	0	0
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part 🗵	k, iine Tuc, column (B))	0

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on Form 990, Part IV	/ line 11b See l	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) Financia			
	neld equity interests		
• •			
463			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
THE RESERVE THE PROPERTY OF TH	mn (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 110 See I	Form 990 Part X line 13
		(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) BOOK Value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
raitin	Complete if the organization answered "Yes" on Form 990, Part N	/, line 11d. See	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
(9)			
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	mn (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 11	. See Form 990, Part X,
1.	line 25. (a) Description of liability		(b) Book value
(1) Federal in			
	COME taxes		
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organi	zation's financial st	atements that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	ot the footnote has	been provided in Part XIII . 📋

Part	Reconciliation of Revenue per Audited Financial Statem		Return
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities		
C	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.) 	5
Part			er Return
Character Control	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Other (Besonbe in rare Aim)		
	Add lines 4a and 4b		4c
			4c 5
c 5 Part	Add lines 4a and 4b	ne 18.)	5
5 Part Provid	Add lines 4a and 4b	ne 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	ne 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
5 Part Provid 2; Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	b; Part V, line 4; Part X, line nformation.
5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	b; Part V, line 4; Part X, line nformation.
5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	b; Part V, line 4; Part X, line nformation.
5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.
c 5 Part Provid 2; Part	Add lines 4a and 4b	ne 18.)	b; Part V, line 4; Part X, line nformation.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-4787434

LAHASH INTERNATIONAL General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) is (f) Total (b) Number (d) Activities conducted in the (a) Region a program service, describe specific type of employees, agents, and expenditures for region (by type) (such as, fundraising, program services, of offices in and investments the region independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region Advocacy and care 328,188 (1) Sub-Saharan Africa 1 0 **Program Services** (2)(3)(4)(5)(6)(7) (8) (9) (10)(11)(12)(13)(14) (15)(16)(17)Subtotal Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

328,188

1 (a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	.,	anner of cash ursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Advocacy	30,794	0		0		
(2)			Sub-Saharan Africa	Advocacy	51,617	0		0		
(3)			Sub-Saharan Africa	Advocacy	20,967	0		0		
(4)			Sub-Saharan Africa	Advocacy	43,363	0		0		,
(5)			Sub-Saharan Africa	Advocacy	63,077	0		0		
(6)			Sub-Saharan Africa	Advocacy	118,370	0		0		
(7)										
(8)										
(9)										
(10)								,		
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

(18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash (f) Amount of noncash (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) disbursement assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14) (15) (16) (17)

Pari	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Page 5 Schedule F (Form 990) 2023

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - All partners submit quarterly reports detailing the use of funds. Lahash representatives visit partners multiple
times on an annual basis. Lahash representatives review financial information including receipts for expenditures to ensure that funds are
used to carry out the organization's mission. In addition, an annual independent audit is conducted of each of the partner's finances.
Schedule F, Part I, Line 3 - Cash Method
Schedule F, Part II, Line 1 - Cash Method
Schedule F, Fatth, Line 1 - Gash Welfied
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

LAHASH INTERNATIONAL	20-4787434
Form 990, Part VI, Section B, Line 11b - Providing the document to the Governing Board via email - req	uesting review and comments
submitted before filing.	
Submitted Delote ming.	
F. OOO D. A.W. Caratan D. Line 10a. A growth veryion in profermed	
Form 990, Part VI, Section B, Line 12c - A yearly review is preformed	
Form 990, Part VI, Section B, Line 15 - Lahash reviewed several (at least 3) similar organizations and jo	b descriptions and compensation of
several employee positions for the decision on compensation.	
Form 990, Part VI, Section C, Line 19 - Copies provided upon request	

Schedule O, Statement 1 LAHASH INTERNATIONAL

Form: Form 990 (2023) EIN: 20-4787434

Page: 1 Header Section

Reasonable Cause Explanations

Explanation

We filed for an extension in April 2024 to give our organization more time to complete the requirements for 2023 990.