# Form **991**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending		12/31/2	022	***************************************			
В	Check if	applicable:	C Name of organization LAHASH	INTERNATIONAL				D Empl	loyer identificatior	number		
	Address	ss change Doing business as 20-4787434										
$\overline{\Box}$	Name ch	_	Number and street (or P.O. box if	mail is not delivered to street	address)	Room	n/suite	<b>E</b> Telep	hone number			
$\overline{\Box}$	Initial ref	_	502 200 5010									
$\overline{\Box}$		urn/terminated										
$\Box$		Amended return Portland, OR 97214 G Gross receipts \$										
$\Box$		ion pending	F Name and address of principal off	cer: Daniel Holcomb			H(a) Is this a gro	up return f	for subordinates? 🔲 Y	'es 🗹 No		
•			1315 SE 20th Avenue, Suite 4				H(b) Are all su	bordina	tes included? 🔲 <b>Y</b>	'es 🗌 No		
<u> </u>	Tax-exe	mpt status:	√ 501(c)(3) 501(c) (		17(a)(1) or 527	,	If "No," attach	a list. S	ee instructions.			
J		: www.lah	ash.org				H(c) Group ex	emption	number			
			Corporation Trust Associa	tion Other	L Year of for	mation	2005	M State	e of legal domicile:	OR		
-	art I	Summa										
	1		cribe the organization's miss	on or most significant a	activities: Laha	sh Int	ternational p	artners	s with East Afric	ans		
ø		•										
Governance		advocating and caring for the vulnerable in response to Christ's love.										
E	2	Check this	box if the organization d	scontinued its operatio	ns or disposed	of m	ore than 25	% of i	ts net assets.			
Š	3		voting members of the gove					3		5		
8	4		independent voting member					4		4		
es	5		per of individuals employed in					5		6		
Activities &	6		per of volunteers (estimate if					6		10		
Act	7a		ated business revenue from I					7a		0		
_	b		ted business taxable income					7b		0		
	<del>                                     </del>	1101 0.111 0.111		Prior Year		Current Y	ear					
	8	Contributio	ons and grants (Part VIII, line	1h)			7:	92,971		769,508		
Revenue	9		ervice revenue (Part VIII, line					0		0		
	10		t income (Part VIII, column (A					2		2		
æ	11		nue (Part VIII, column (A), line					514		363		
	12		ue—add lines 8 through 11 (n	7:	793,487		769,873					
	13		similar amounts paid (Part I					88,566		336,695		
	14		aid to or for members (Part IX					0		0		
	1		ther compensation, employee I			<u> </u>	2.	48,953	***************************************	253,875		
Ses	16a		al fundraising fees (Part IX, c					0		0		
Expenses	b		raising expenses (Part IX, col		56,255							
Ä	17		enses (Part IX, column (A), line			- 100000000	1.	44,595		195,169		
	18		nses. Add lines 13–17 (must			-		82,114	1	785,739		
	19		ess expenses. Subtract line 1					11,373	····	-15,866		
		1 teveriue ie	sas experiaca. Cubirdot into 1	<u> </u>		Beq	inning of Curre					
Net Assets or Fund Balances	20	Total accet	ts (Part X, line 16)					36,716		420,060		
Asse	21		ties (Part X, line 26)			-		5,130	***	4,340		
le t	22		or fund balances. Subtract li	ne 21 from line 20			4	31,586		415,720		
	art II		re Block	110 21 110111 11110 20 .					4	,		
1 Jr	der pens		, I declare that I have examined this i	eturn, including accompanyir	a schedules and s	tateme	nts, and to the	best of	my knowledge and	belief, it is		
tru	ie, correc	t, and complet	e. Declaration of preparer (other than	officer) is based on all information	ation of which prep	arer ha	s any knowled	ge.				
		1										
Sig	an	Signature of	officer				Date			······································		
	ere	Daniel Holcomb, Director										
			name and title									
			preparer's name	Preparer's signature		Date		Check	☐ if PTIN			
Pa		1	· Proposition of the control of the	. 0				self-em				
	epare	Eirm's nor	no			L	Firm's	EIN				
Us	se On	Firm's add					Phone					
Ma	v the If		this return with the preparer s	shown above? See insti	ructions				🗌 Yes	□No		
	.,											

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.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 578,040 including grants of \$ 336,695 ) (Revenue \$ 0 )
	Partner Grants and Sponsorships - Lahash partnered with six East African organizations in 2022. 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 427 children in Tanzania, 17
	children in Kenya, 5 children in Uganda and 71 children in Rwanda (total for 520 children). These grants provided school fees,
	spiritual education, food, shelter, and clothing for the children.
	***************************************
	***************************************
	***************************************
4b	(Code: ) (Expenses \$ 58,003 including grants of \$ 0 ) (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 2022 Lahash facilitated the trips
	for 17 travelers.
	(C) (Boyonus \$ 0.)
4c	(Code: 0) (Expenses \$ 8,390 including grants of \$ 0) (Revenue \$ 0)
	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 2700 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.
<i>A</i> ~1	Other program services (Describe on Schedule O.)
4d	· · · · · · · · · · · · · · · · · · ·
A -	
4e	Total program service expenses 644,433

Part I	Checklist of Required Schedules			
1099910101010101			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	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	- HINTANDERSKADA	AND SECTION ASSESSMENT	# #F0446252 envi
<b>.</b>	complete Schedule D, Part VI	11a	1	
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		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.0	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			i -
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Ť
D	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	1	
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	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		•	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'</del>		<del>                                     </del>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	··		<del>                                     </del>
19	If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>-</b>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)			
Dilling and a			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		1
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		✓
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		1
la.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_ <u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		<b>√</b>
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		1
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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash 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		<b>√</b>
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,"	31		1
	complete Schedule N, Part II	32		✓
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		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	1	
Part				
	Chock it Conducto C Contains a respense of flots to any mile in this case of the contains a respense		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	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 2				
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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche	eaule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		./
		40004.11,1	<b>+</b> a		<b>-</b>
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a	4800200932	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		<b>✓</b>
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, organization solicit any contributions that were not tax deductible as charitable contributions? .		6a		<b>√</b>
b	If "Yes," did the organization include with every solicitation an express statement that such congifts were not tax deductible?	ntributions or	6b		Y
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 par	tly for goods			
	and services provided to the payor?		7a		
b	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		
С	required to file Form 8282?	willon it was	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	d l			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	2012/29/2012/2014	enggesennerro.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h		The same and the same and the
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person		9b		
b 10	Section 501(c)(7) organizations. Enter:	• • • •	- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10	b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	а			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	_			
	against amounts due or received from them.)		40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F  If "Yes" enter the amount of tax-exempt interest received or accrued during the year   12	form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.				
13 a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	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				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scl.	neaule U .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer excess parachute payment(s) during the year?		15		1
	If "Yes," see the instructions and file Form 4720, Schedule N.		10		▼
16	Is the organization an educational institution subject to the section 4968 excise tax on net investor	nent income?	16	100000000000000000000000000000000000000	✓
	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.				

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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			r
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	er er Er geste Er Hr	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5 6		√ √ √
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
8	stockholders, or persons other than the governing body?	7b		<b>✓</b>
a b	The governing body?	8a 8b	<b>√</b>	1 2022000000000000000000000000000000000
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	nde l	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue o	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	✓ ✓ ✓	
13 14 15	Did the organization have a written whistleblower policy?	13 14		<b>√</b>
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>✓</b>	
b	with a taxable entity during the year?	16a 16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed OR  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)	T (sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords.		

Form 990 (2022)	Page

# 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 helither the organization no	ally lelate	uug	ai iiz	au	" 1	ompe	1100	icca arry carrotte	billour, andotor,	or tradition.
					C)					
(A) Name and title	(B) Average hours per week	box,	unles	neck s pe d a d	rson	e than o is both or/trust	an tee)	(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from the organization and related organizations
Casey Schilperoort	40.00									
Media Director						<b>✓</b>		65,850	0	0
Daniel Holcomb	45.00									
Executive Director		✓		1	✓			39,114	0	0
Emily Helt	40.00									
Sponsorship Director			<u> </u>	✓				37,800	0	0
Nickson Khamasi	1.00									
Board member	0.00	1						0	0	0
Tom Smith	1.00									
Board Member	0.00	✓						0	0	0
Cathy Blakeman	5.00							:		
Board Member	0.00	<b>✓</b>	-					0	0	0
Jinsy Oommen	1.00									
Board Member	0.00	1						0	0	0

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	plo	yee	s, an	<u>d F</u>	lighest Compe	nsated En	plo	<b>yees</b> (continuea)
					(0	C)						
	(A)	(B)				ition			(D)	(E)		(F)
	Name and title	Average		o not check more t x, unless person is				Reportable	Reportab	e	Estimated amount	
		hours					or/trust		compensation	compensati		of other
		per week		T	-	T	1	,	from the	from relate organizations		compensation from the
		(list any hours for	₫	stit	Officer	ey e	팔	Former	organization (W-2/ 1099-MISC/	1099-MIS		organization and
		related	Individual to or director	tio	4	Key employee	yee o	<u> </u>	1099-NEC)	1099-NEC		related organizations
		organizations	일	nal		loy	Ö					
		below dotted line)	Individual trustee or director	Institutional trustee		Ж	Pen					
		dotted line,	Œ.	tee			Highest compensated employee					
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1b	Subtotal								142,764		0	0
С	<b>Total from continuation sheets to Part</b>	VII, Section	n A									
d	Total (add lines 1b and 1c)								142,764		0	0
2	Total number of individuals (including	but not	limite	ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	re t	han \$100,000 o
	reportable compensation from the organ								0			
	Toportable compensation and angular								<u> </u>			Yes No
•	Did the organization list any former	officer dire	actor	tri	ıeta	ا م	(A) (A	mn	lovee or highes	st compens	ated	
3	employee on line 1a? If "Yes," complete	Schodulo i	for c	uch	ind	e, r ivid	vey e	пη	loyee, or riighted	st compane	alcu	3 /
	employee on line ta? If res, complete	Scriedule J	101 5	ucn	ma	iviui	uai			 		
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	ind other compe	nsation from	n the	
	organization and related organizations	greater th	an \$	150,	,000	)? [	t "Ye	s, "	complete Sche	auie J for	sucn	
	individual			•	٠	•		•			•	4 🗸
5	Did any person listed on line 1a receive of	r accrue c	ompe	nsa	tion	fro	m any	ur ur	related organiza	tion or indiv	idual	
	for services rendered to the organization	? If "Yes," (	comp	lete	Scl	hedi	ule J 1	for s	such person .			5 ✓
Secti	on B. Independent Contractors											
1	Complete this table for your five high	nest comp	ensat	ed	ind	epe	ndent	CC	ontractors that	received me	ore 1	than \$100,000 o
•	compensation from the organization. Rep	ort comper	nsatio	n fo	r the	e ca	lenda	r ve	ear ending with o	within the	organ	ization's tax year.
								T -				
	(A)	Irona							(B) Description of ser	vices	(	<b>(C)</b> Compensation
**************************************	Name and business add	11622						├-	Description of ser	¥1000		
None								<u> </u>				
								1				
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limi	ted to	o th	nose listed abov	e) who		
-	received more than \$100,000 of compens	ation from	the o	rgar	nizat	tion			0			

Less: cost of goods sold . . .

All other revenue

Total. Add lines 11a-11d

Miscellaneous

Revenue

11a

12

Net income or (loss) from sales of inventory .

Total revenue. See instructions . . .

Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . (C) Unrelated (D) (A) Total revenue (B) Related or exempt Revenue excluded from tax under sections 512-514 function revenue business revenue Federated campaigns . . . . 1a 0 Contributions, Gifts, Grants, 1a and Other Similar Amounts 1b 0 Membership dues . . . . b 1c 0 C Fundraising events . . d Related organizations . . . 1d 0 Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above 1f 769,508 Noncash contributions included in 1g |\$ h Total. Add lines 1a-1f. 769,508 **Business Code** Program Service 2a Revenue f All other program service revenue . . . 0 Total. Add lines 2a–2f . . . . Investment income (including dividends, interest, and 0 Income from investment of tax-exempt bond proceeds 0 0 0 0 4 363 363 0 0 5 Royalties (i) Real (ii) Personal Gross rents . . 0 6a 6b 0 0 Less: rental expenses b Rental income or (loss) 0 C 0 Net rental income or (loss) d (i) Securities (ii) Other Gross amount from 7a sales of assets 0 0 other than inventory Less: cost or other basis Other Revenue and sales expenses 0 Gain or (loss) . 7c Λ 0 d Net gain or (loss) 8a Gross income from fundraising events (not including \$\_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 0 **b** Less: direct expenses . . . . 0 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . 9a 9b Less: direct expenses . . . . b Net income or (loss) from gaming activities Gross sales of inventory, less 10a returns and allowances 10a

**Business Code** 

0 769,873

365

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).
Secuo	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations 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	336,695	336,695		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	142,764	99,935	28,553	14,276
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,920	64,344	18,384	9,192
9 10	Other employee benefits	0 0 19,191		3,838	1,920
11 a b c	Fees for services (nonemployees):  Management  Legal  Accounting	13,686	12,334	901	451
d e f g	Lobbying			40.047	
12	Advertising and promotion	11,829 27,965		10,647	19,576
13 14 15	Office expenses	19,264 39,916		5,779 11,975	1,926 3,991
16 17 18	Occupancy	16,580 58,003		4,974	1,658
19 20	Conferences, conventions, and meetings . Interest	5,252	5,252		
21 22 23	Payments to affiliates	0 2,674			2,674
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b c d					
e 25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs	785,739	644,433	85,051	56,255
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Strongthan a		Check if Schedule O contains a response or note to any line in this Pa	<u>rt X </u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	401,019	1	361,849
	2	Savings and temporary cash investments	35,697	2	58,211
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		verille in	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D		40-	0
		Less: accumulated depreciation 10b 33,620	0	10c	0
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Intangible assets		14	
	14	Other assets. See Part IV, line 11		15	
	15 16	Total assets. Add lines 1 through 15 (must equal line 33)	436,716	16	420,060
	17	Accounts payable and accrued expenses	5,130		4,340
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	00	Total liabilities. Add lines 17 through 25	5,130	26	4,340
_	26	Organizations that follow FASB ASC 958, check here	3,130		4,540
Ces		and complete lines 27, 28, 32, and 33.			The first series of the
a	27	Net assets without donor restrictions	431,586	27	415,720
Bal	28	Net assets with donor restrictions	0	28	0
힏	20	Organizations that do not follow FASB ASC 958, check here	and completely		
3		and complete lines 29 through 33.	And the second s		
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	431,586	32	415,720
ž	33	Total liabilities and net assets/fund balances	436,716	33	420,060
					Form <b>990</b> (2022)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ц
1	Total revenue (must equal Part VIII, column (A), line 12)	1	···	769,873
2	Total expenses (must equal Part IX, column (A), line 25)	2		785,739
3	Revenue less expenses. Subtract line 2 from line 1	3		-15,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		431,586
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10		415,720
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>., D</u>
				Yes No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," e.	kplain	on	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	
	reviewed on a separate basis, consolidated basis, or both:			4.0
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	na	
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	المحالم المدري		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigni. ent?	01	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			
	If the organization changed either its oversight process or selection process during the tax year, e	Apiaiii		
_	Schedule O.	rth in t	ho	
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	11 L III L	3a	1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	 Heran t		<b>v</b>
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	3b	
	required addit of addits, explain why on ochedule o and describe any steps taken to undergo such			990 (2022)
			FOIII	1 330 (2022)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. 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). 2 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 b 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. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization (i) Name of supported organization (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to	ne box on line o qualify unde	e 5, 7, or 8 of er the tests lis	Part I or if th	e organizatio lease comple	n failed to qua ete Part III.)	alify under
Secti	on A. Public Support	<b>,</b>				······································	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	(a) 2019	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2018	(b) 2019	(6) 2020	(u) 2021	(6) 2022	(i) Total
7							
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.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First 5 years.</b> If the Form 990 is for the	: (see instructi	ons) s first, second		· · · · · or fifth tax ye	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2022 (line Public support percentage from 2021 Scl 331/3% support test—2022. If the organ box and stop here. The organization qua	6, column (f), c hedule A, Part ization did not lifies as a pub	divided by line II, line 14 : check the book licly supported	 x on line 13, a l organization			
b	331/3% support test—2021. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal Part VI how the organization meets the organization	neets the facts facts-and-circ	s-and-circumst cumstances te	ances test, ch st. The organia	eck this box azation qualifies	and <b>stop here</b> . s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the facts-and-cire	acts-and-circu rcumstances to	mstances test est. The organ	, check this bo ization qualifie 	ox and <b>stop he</b> s as a publicly 	re. Explain supported
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	x and see

# 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	604,469	668,785	746,258	792,971	769,508	3,581,991
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	314	239	292	514	363	1,722
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	604,783	669,024	746,550	793,485	769,871	3,583,713
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	28,247	25,930	30,508	35,660	33,625	153,970
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	28,247	25,930	30,508	35,660	33,625	153,970
8	<b>Public support.</b> (Subtract line 7c from line 6.)					Section 1	3,429,743
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	604,783	669,024	746,550	793,485	769,871	3,583,713
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.)	604,783	669,024	746,550	793,485	769,871	3,583,713
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second			ar as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13, column (f))		15	95.7 %
16	Public support percentage from 2021 Sch					16	95.7 %
	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2022 (	line 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 202	I Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2022. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and <b>stop here</b> .	The organization	on qualifies as a	a publicly suppo	orted organization	on 🔽
b	331/3% support tests—2021. If the organization line 18 is not more than 331/3%, check this	ation did not cl box and <b>stop h</b> e	heck a box on <b>ere</b> . The organ	line 14 or line 1 ization qualifies	9a, and line 16 as a publicly si	is more than 3 upported organi	31/3%, and zation .
20	Private foundation. If the organization di						

#### **Supporting Organizations** Part IV

(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.)

Se	ction	A.	All	Sup	porting	Organ	izations

Secti	on A. All Supporting Organizations		1.4	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	(12) (12) (13) (13)	Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b	E S	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>	5c 6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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 <b>Part VI</b> .	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)

10b

Part	Supporting Organizations (continued)		1	1
	the state of the second of the second state of the following persons?		Yes	No
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	Section 1	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	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		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04:	the supported organization(s).	1	<u></u>	<u></u>
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	14925000000000	10400 Kasterin
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	(coo ir	otruct	tions
с 2	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity Activities Test. <b>Answer lines 2a and 2b below.</b>	(366 11	Yes	
² a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	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		
L	Did the activities described on line 2a, above, constitute activities that, but for the organization's	20		
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.	3h	**************************************	cameronidis (6)

Page 6

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org							
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 ( <i>explai</i>	in in <b>Part VI</b> ). <b>See</b>				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5	,					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
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 <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C—Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III support	ing organization				
	(see instructions).							

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		<i>VI</i> )	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	n the organization is res	sponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 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) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		der en en en en		
2	Underdistributions, if any, for years prior to 2022	75			
_	(reasonable cause required—explain in <b>Part VI</b> ). See	State and an extension			
	instructions.	2.4			
3	Excess distributions carryover, if any, to 2022				
а	From 2017		The state of the state of		
b	From 2018		Air and the second		
С	From 2019	each state of			
d	From 2020				
е	From 2021		months to have		Section Control of the
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	And the second		420000000000000000000000000000000000000	
<u>h</u>	Applied to 2022 distributable amount		and the second of the second		
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		1,845		
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h	en e	Committee of the committee of		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
<u>b</u>	Excess from 2019				1980 - 1980au - 1980a
	Excess from 2020				
d	Excess from 2021				100
e	Excess from 2022		47.00		

Part VI	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 Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**2022** 

**Employer identification number** 

20-4787434 LAHASH INTERNATIONAL Organization type (check one): Filers of: Section: ) (enter number) organization Form 990 or 990-EZ ☑ 501(c)( 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).

Employer identification number

20-4787434

LMIIMOII	INTERNATIONAL		
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Suzanne Rae Whitney Decker Family  811 Eastbrook Lane  Caldwell, ID 83605-4861		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	Unit 110 - 18663 - 52nd Ave  Surrey, British Columbia V3S8E5 Canada	\$\$ <u>35,105</u>	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	Berean Baptist Church  4822 N Vancouver Ave  Portland, OR 97217-2824	\$ 20,930	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

LAHASH INTERNATIONAL

20-4787434

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

20-4787434 LAHASH INTERNATIONAL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

	Jse duplicate copies of Part III if add	ditional space is needed	l			
) No. rom Part I	(b) Purpose of gift	(c) Use of (	jift	(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, a			onship of transferor to transferee		
20 to 10 to						
) No. rom eart I	(b) Purpose of gift	(c) Use of (	jift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer		onship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
) No. rom Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfer		onship of transferor to transferee		
	Transferee's name, address, a	ING ZIP + 4	Helati	onship of transferor to transferee		
		1				

#### 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.

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspect

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 (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) . . . 3 4 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 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **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 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 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. 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: 

Dari	III Organizations Maintaining Co	ollections of A	Art. Hist	orical T	reasures	or Ot	her Similar A	Assets (co.	ntinued)
3	Using the organization's acquisition, acc	ession, and oth	ner recor	ds, chec	k any of the	e follow	ing that make	significant	use of its
•	collection items (check all that apply):	, ,		,	•		_	_	
•	☐ Public exhibition		ч	loan	or exchang	e proar	am		
a	Scholarly research								
b	Preservation for future generations								
C	Provide a description of the organization	's collections a	nd expla	in how t	hev further	the ora	anization's exe	empt purpo	se in Part
4	XIII.	i a concenoria a	na expia		noy rantino				
5	During the year, did the organization sol	licit or receive o	donation	s of art.	historical tr	easure	s. or other sim	ilar	
3	assets to be sold to raise funds rather that	an to be maintai	ned as c	art of the	e organizati	on's co	llection? .		s 🗆 No
Part	Complete if the organization an		on For	n aan F	Part IV line	= 9 or	renorted an a	amount on	Form
	•	isweied ies	0111 011	11 550, 1	artiv, mic	3 0, 01	roportod arre	arriourit ori	. 0
	990, Part X, line 21.  Is the organization an agent, trustee, cu	etodian or othe	ar interm	ediany fo	or contribut	ions or	other assets	not	
1a	included on Form 990, Part X?								s 🗌 No
	•					• •		16:	5 🔲 140
b	If "Yes," explain the arrangement in Part	XIII and comple	te the to	nowing ta	able:			Amount	
						4-		Amount	
С	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount of	on Form 990, Pa	ırt X, line	21, for e	scrow or ci	ustodia	account liabili	ity? 🔲 Ye	S   NO
	If "Yes," explain the arrangement in Part	XIII. Check here	if the ex	planation	n has been	provide	ed on Part XIII		
Part						40			
	Complete if the organization ar								
	and the second s	(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year en	d balanc	e (line 1g	, column (a	i)) held i	as:		
а	Board designated or quasi-endowment								
b	Permanent endowment %								
c	Term endowment %								
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.						
3a	Are there endowment funds not in the p	ossession of th	e organi:	zation tha	at are held	and ad	ministered for	the	
	organization by:		_						Yes No
	(i) Unrelated organizations							. 3a(i)	
	-							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							<del> </del>	
4	Describe in Part XIII the intended uses of							<u> </u>	
Part			11001100						
MIL.	Complete if the organization ar	nswered "Yes"	on For	m 990. F	Part IV. line	e 11a.	See Form 99	0. Part X. I	ine 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book	
	Description of property	(investme		· ·	other)		epreciation	,,	
4.0	Land		0		0				0
1a	Land		0		0		0		0
b	Buildings		0		33,620		33,620		0
C	Leasehold improvements		0		33,620		33,020		0
d	Equipment		0		0		0		0
Tatal	Other	t equal Form Of		Column	-	)c )			0
ı otal.	Add lines to unrough te. (Column (d) mus	a equal i Ollii 98	o, i ail /	, coluilli	، ر <i>س</i> ا، ۱۱۱۱ ارسا	, -			U

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part	V. 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) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(F)			
(G) (H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See I	Form 990, Part X, line 13.
***************************************	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) and (2) Form 2000 Port V and (P) line 12)		
	mn (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		
Part IX	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)	IV, line 11e or 11	 f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
2 Liability fo	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial st	atements that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the tex	t of the footnote has	been provided in Part XIII .

Part			r Return.
	Complete if the organization answered "Yes" on Form 990, F		
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	2b	
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		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		_
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
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:	1 _ 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		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		_
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>e 18.) </u>	5
Part	XIII Supplemental Information.	-1 4. Dayl IV lines the and C	Dr. Dort V. line 4: Dort V. line
Provid	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines ID and 2 to provide any additional i	information
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

### **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.

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

LAHA	SH INTERNATIONAL					0-4/6/434
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?					
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other outside the United States.					
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	1	0	Program Services	advocacy and care	336,695
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

336,695

**Part II**Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is nee

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	n be duplicated if a  (f) Manner of cash disbursement	(g) Amount of noncash assistance	of
(1)			Sub-Saharan Africa	Advocacy	26,125	0	0	
(2)			Sub-Saharan Africa	Advocacy	80,976			
(3)			Sub-Saharan Africa	Advocacy	14,720			
(4)	SALE OF		Sub-Saharan Africa	Advocacy	34,187			
(5)			Sub-Saharan Africa	Advocacy	62,232			
(6)			Sub-Saharan Africa	Advocacy	118,455			
(7)								
(8)				4,44				
(9)								
(10)								
(11)								
(12)		era era da						
(13)								
(14)								
(15)								
(16)	ECH CHIEF CONTROL OF THE CONTROL OF	Total State		sted above that are				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Part III can be duplicated if additional space is needed.

(c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (b) Region (a) Type of grant or assistance of n (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

em	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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2022 Page **5** 

## 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.
used to carry out the organization's missions in addition on annual misspandors duals to contract the organization similarity and the organization similarity
Schedule F, Part I, Line 3 - Cash Method
Scheuule F, Parti, Line 3 - Cash Wethou
Calcabilla F. Dart II. Ling 1. Cach Mathod
Schedule F, Part II, Line 1 - Cash Method

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
LAHASH INTERNATIONAL	20-4787434
Form 990, Part VI, Section B, Line 11b - Providing the document to the Governing Board via email - reques	ting review and comments
submitted before filing	
300/11/200 2010/10/11/20	
Form 990, Part VI, Section B, Line 12c - A yearly review is preformed	
Form 990, Part VI, Section B, Line 15 - Lahash reviewed serveral (at least 3) similar organizations and job of	lescriptions and compensation of
several employee positions for the decision on compensation.	
Form 990, Part VI, Section C, Line 19 - Copies available upon request	