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Return of Organization Exempt From Income Tax

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

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

2024 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 For the 2024 calendar year, or tax year beginning and ending C Name of organization Check if applicable: KALASHO EDUCATION AND YOUTH D Employer identification number SERVICES Address change Doing business as 38-3613431 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 29900 LORRAINE Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated WARREN 48093 1,150,961 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending NATHAN KALASHO 4165 ANTIQUE LN. H(b) Are all subordinates included? BLOOMFIELD 48302 MI If "No." attach a list. See instructions **X** 501(c)(3) Tax-exempt status: 501(c) ) (insert no.) 4947(a)(1) or 527 Website: H(c) Group exemption numbe X Form of organization: Corporation Association Other Year of formation: M State of legal domicile: Part Summarv 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box | | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,150,961 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,150,961 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 87,570 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 185,039 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 272,609 878,352 19 Revenue less expenses. Subtract line 18 from line 12 5 % **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 20,202 2,354,386 21 Total liabilities (Part X, line 26) 20,205 1,476,037 22 Net assets or fund balances. Subtract line 21 from line 20 878,349 Signature Block Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here NATHAN KALASHO PRESIDENT Type or print name and title Preparer's name Preparer's signature Date if PTIN Check Paid STEVEN LEPSETZ STEVEN LEPSETZ 08/28/25 self-employed P01019896 Preparer SPA ASSOCIATES LLC 81-4639364 Firm's name Firm's EIN **Use Only** 39555 ORCHARD HILL PLACE STE NOVI, MI 48375 734-453-7958 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2024) KALASHO EDUCATION AND YOUTH
Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: PROVIDING EDUCATIONAL AND BEHAVIORAL SUPPORT THROUGH YOUTH SERV RECENT REFUGEES AND IMMIGRANTS.	CIES TO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	and programme and the second s	Yes X No
	services?  If "Yes," describe these changes on Schedule O.	L tes 12 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
N O A S	a (Code: )(Expenses \$ 213,500 including grants of \$ ) (Revenue \$ THE MISSION OF KALASHO EDUCATION AND YOUTH SERVICES IS TO EMPOWER NEW AMERICAN AND LOW INCOME FAMILIES BY PROVIDING PATHWAYS TO STATE OPPORTUNITY AND GROWTH. THROUGH FAMILY SUPPORT, LITERACY AND EDUCATION AND HEALTH AND WELLNESS ACCESS, EMPLOYMENT AND ENTERPREASE SKILL BUILDING, FINANCIAL LITERACY AND LEGAL ADVOCACY, WE EQUIP TO THRIVE AND SUCCEED.	ABILITY, CATIONAL NEURIAL
	······	
	***************************************	•••••
	b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A	)
	: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A	)
N	N/A	
N 4d	N/A  Other program services (Describe on Schedule O.)	
N 4d	Other program services (Describe on Schedule O.) (Expenses \$ 30,865 including grants of \$ ) (Revenue \$	

### Part IV Checklist of Required Schedules

		·····	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	163	140
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			}
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	ar the party	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.	PER ALTERNATION OF THE	Marka da	errocerence.
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			-
b	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		X
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	441		₹.
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		X
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<b> </b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b> </b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a	X	İ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		I	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

Form 990 (2024) KALASHO EDUCATION AND YOUTH

**Checklist of Required Schedules** (continued)

Part IV

					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensations	ted				
	employees? If "Yes," complete Schedule J			23	<b> </b>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer li	nes 24	\$b			
h	through 24d and complete Schedule K. If "No," go to line 25a			24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u>24b</u>	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?	e year		94.		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year			24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce			24d	<del> </del>	
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	55 Den	ent	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in			ZJa	<del> </del>	<del> </del>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9					
	If "Yes " complete Schedule I Part I		<b>-</b> •	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an			200	<del>                                     </del>	-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	ee, ke	:y			
	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 the	se				
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Sci	nedule	•		enegatarika Rajutari	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			eg van die Skriek oorse Gobbliek oorse gegen		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor? If				
				28a	ļ	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b	ļ	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedul			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed				77
31	conservation contributions? If "Yes," complete Schedule M			30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		Рап і	31		X
JŁ	complete Schedule N. Part II			22		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg			32		
•	sections 301 7701-2 and 301 7701 32 If "Vos." complete Schodule B. Bart I			33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pan					
	or IV and Doubly line 4			34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines					
eta irratak	19? Note: All Form 990 filers are required to complete Schedule O.			38		X
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					$\Box$
	Check if Schedule O contains a response or note to any line in this Part V			•••••		للا
4	Estantha surahan sanadad is hand of Estan 4000 Estan 6 15 15 15 15	,	<u>-</u>	a service service	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5 0	246,280,000 446,280,000 446,280,000	renenenenen Renenenenen Renenenen	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for repedable payments to vendors and	1b		TERRORES SERVICES		PERMITTER EST
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			4.0	No State Of Street	X

Form 990 (2024) KALASHO EDUCATION AND YOUTH

m P	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			9090000	a sections	o Zakona kanna
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	2000 <u>6</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• • •		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over	-	<b>†</b>	
	a financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	İ	x
b	If "Yes," enter the name of the foreign country	a000	unity:	17796	ME SAL	
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOL	nte (FRAD)	210000		AND STREET, ST
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ccour		Eo	A PROPERTY OF STREET	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	 Hand			<del> </del>	X
		HOIT		5b	<del> </del>	- A
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<i></i> .		. <u>5c</u>	<del> </del>	├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				- T
L	organization solicit any contributions that were not tax deductible as charitable contributions?			. 6a	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		٠.		
-	gifts were not tax deductible?			6b	annielen eine	esembly se
7	Organizations that may receive deductible contributions under section 170(c).			negeneral Negelenge		4552565656 45526665656
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		46,46,46	415045453	\$26,000,000,000
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?		,	. <u>7c</u>	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		2 SASSESSE SA STREET STREET	#5525666660 #64255416166	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	t?	. 7e	ļ	<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 88	99 as required?	7g		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	le a Form 1098-C?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by tl	he	estandendu.		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			#456#6644 2020###4660#		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		22456615		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		Concernation		Salarates Salarates
11	Section 501(c)(12) organizations. Enter:			of second desirable in		defeppisjulpanenser engelenden, besom applærerendigeren efentally bare yet i
а	Gross income from members or shareholders	11a				AND STREET
b	Gross income from other sources. (Do not net amounts due or paid to other sources			11550457 27553575	resenti Skolovic	ATRIBUTE SEICENTEN
	against amounts due or received from them )	11b		TOTAL PROPERTY.	restractions restracts	erakokspil en erasoks
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		54 60 (515) (50 60 50 60)	orginosione Albinosionis	en menten en
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			(6:40-40-40-40-40-40-40-40-40-40-40-40-40-4		MATERIAL BARRAS AND ALASHOOM
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			SPARTSON GOS	CONTRACTOR	erenesenenal Erenesenen
b	Enter the amount of reserves the organization is required to maintain by the states in which			0000 NOSAS (000 0000 NOSAS (0000)		processors
-	the appropriation is lineared to increase with all the late.	13b		#141000 P		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
С	Enter the annual of annual or hand	13c		n station and	20090000	
14a	Did the organization receive any payments for indepresant considered wing the tay year?		<u></u>	14a	250 TAIR 2004 S	X
_	***************************************			14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule list the organization subject to the coction 4060 tay on payment(s) of more than \$1,000,000 in requirements.			140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			. 15	a politica de la compansión de la compan	X
40	If "Yes," see instructions and file Form 4720, Schedule N.		_		Fi-Finsiya	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16	Market Galactic	X
	If "Yes," complete Form 4720, Schedule O.			20000000000000000000000000000000000000	no letablica	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activ					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			. 17		
	If "Yes," complete Form 6069.			0.0000000000000000000000000000000000000		

Form 990 (2024) KALASHO EDUCATION AND YOUTH 38-3613431 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent 4 1b BEST SERVER Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. ear res 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

18 Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

NATHAN KALASHO

WARREN

29900 LORRAINE

48093

248-866-8212

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

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

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

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

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

		,							.,	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unl ficer a	C) Position check more than one less person is both an and a director/trustee)  Former Highest compensated Officer Officer		an ee)	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
	dotted line)	8	stee			nsated				
(1) NATHAN KALASHO	25.00									
PRESIDENT	0.00	X		х				0	0	o
(2) DYLAN YOUSIF	0.00	12	├	<u> </u>	╫	-		V	<u> </u>	<u> </u>
(2) DIMM 100511	3.00									
TREASURER	0.00	X		X				0	0	0
(3) NADINE KHALIL		1	T						<u> </u>	- 14. · · · · · · · · · · · · · · · · · · ·
•	3.00									
SECRETARY	0.00	X		X				0	0	0
(4) MATTHEW SHINA		1		<u> </u>					<del></del>	
	3.00									
TRUSTEE	0.00	X						0	0	0
(5)				<b></b>	1					
, ,										
(6)										
	, ,									
(7)										
· · · · · · · · · · · · · · · · · · ·										
(8)			<u> </u>							
(9)		<del>                                     </del>								
(10)										
(11)										
	L	ــــــــــــــــــــــــــــــــــــــ	L		<u></u>			<u> </u>		

Name	(A) e and title	(B) Average hours per week	off	x, unli ficer a	Pos check ess pe ind a c	rson i lirecto	is both r/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	E	(F) stimated of oth	amount ner	-
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1	from organizat ated orga	the ion and	s
(12)														
(13)														
(14)														
(15)														
(16)													***************************************	
(17)														
(18)														
(19)														
c Total from	continuation she		Secti	on A	١									
2 Total numb		cluding but not li	mite			*************			e) who received more than	\$100,000 of				
employee of 4 For any indication	on line 1a? <i>If "Yes,"</i> ividual listed on line n and related orgar	complete Schede 1a, is the sum dizations greater	<i>dule</i> of re than	<i>J for</i> porta \$15	<i>sucl</i> able 0,00	n ind com 0? II	<i>ividu</i> pens "Ye	<i>ial</i> satio s," c	ee, or highest compensated nand other compensation complete Schedule J for suc	from the		3	Yes	No X
for services	rendered to the or	ganization? If "Y	rue c es,"	omp	ensa plete	ation	fron nedu	n an le J	y unrelated organization or for such person	individual		5	ore respective or the	X X
1 Complete t		e highest compe							actors that received more t					
compensat		zation. Report co (A) business address	ompe	ensa	tion 1	or tr	ie ca	lenc	dar year ending with or with  Descript	in the organization's tax ye (B) ion of services	ear.	Со	(C) mpensati	on
					-	•								
													············	
######################################													<del> </del>	
	er of independent o								se listed above) who	0		es es especiel opositiones doministration		OTTORNA NOOTORI OTTORNA

### Form 990 (2024) KALASHO EDUCATION AND YOUTH

AND LOCAL	art \			<b>of Revenue</b> nedule O cont	ains	a respo	nse or not	e to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	2 1a	Federated camp	paigns	S	1a						
ĭa.	5 t	• Membership du	es		1b						
Contributions, Gifts, Grants and Other Similar Amounts	ē c	Fundraising eve	ents		1c	1	······································				
	6 0	Related organiz	ations	3	1d						
	<b>.</b>	Government grants (co			1e	1	,000,961				
Ö	2	<ul> <li>All other contributions,</li> </ul>	gifts, gr	rants,	1.5						
3		and similar amounts no Noncash contributions			1f	<u> </u>	150,000				
בי קבר	3	lines 1a-1f			1g	\$					
ပို န်	5 ł	Total. Add lines						1,150,961			
e e	2a					,.,.	Business Code	)		李····································	
<u>Ş</u> <u>Ş</u>		* * * * * * * * * * * * * * * * * * * *									
E	C		· · · · · ·								
Program Service			· · · · · ·								
ž	e										
	0	All other program									Company and the company of the compa
	3			ncluding dividend							
	"	other similar am			5, me	rest, and					
	4			ent of tax-exempt	hond	nroceeds	• • • • • • • • • • • • • • • • • • • •				
	5	Royalties	Count	ent of tax-exempl	Donu	proceeds	•				
		rioyanaoo	·····	(i) Real	*****	(ii)	Personal				
	6a	Gross rents	6a			\					
	b		6b				· · · · · · · · · · · · · · · · · · ·	TO NOW THE PARTY OF THE PARTY O			entera en en en en en en en en en en en en en
	C	Rental inc. or (loss)	6c								eren eren eren eren eren eren eren eren
	d	Net rental incom	e or (	loss)							
	7a	Gross amount from		(i) Securities	<del></del>	(ii	) Other	THE CONTRACTOR AND ASSESSED.			
		sales of assets other than inventory	7a								
e	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re	C	Gain or (loss)	7с								
Other	d	Net gain or (loss	)								
₽	8a	Gross income from	fundra	aising events							
		(not including \$									
		of contributions rep		on line							
		1c). See Part IV, lin			8a						
	1	Less: direct expe			8b						
	ı	Net income or (Id		- 1	vents						
	9а	Gross income fro								otoje edina proposta kanada proposta. Odnice bodi je taka posta postanje od postanje od postanje od postanje od postanje od postanje od postanje od	
		activities. See Pa			9a						
		Less: direct expe		* * * * * * * * * * * * * * * * * * *	9b		***************************************		HELPINGERS HER HER HIS HIS HELP HER HELP HE	\$455.445.000.454.000.000.000.000.000.000.	755-11-5010-2-5-15-5-2-5-5-5-5-5
		Net income or (lo		· · · · · · · · · · · · · · · · · · ·	ities						Associated and the second state of the second
	iva	Gross sales of in returns and allow			100						
	h	Less: cost of goo			10a 10b						
		Net income or (lo				······································	***************************************				
,		THE INCOME OF THE	/00/ II	om sales of tive	ittory .	<u> </u>	Business Code	Control to the Annual State State Ligary, and the State		okatinin muoniden markuut.	
, č	11a							22 (20) แบบสามา สารค้านั้นสารคราชการคอบสามารถสามารถสามารถสารคราชกับสามารถ	year an' ainm laugus, bua dan ja ita sala gian sa imit ay bijibib kani rugusa	menorum and a state of medical processing and the state of the state of the state of the state of the state of	
וני	b	*									
Revenue	c	* * * * * * * * * * * * * * * * * * * *					<u> </u>				
œ	d	d All other revenue							***************************************		
		Total. Add lines		1d					*****************		<b>第四个人的名字,但是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的</b>
		Total revenue. S					,,,,,,,,,,	1,150,961	0	0	0

# Form 990 (2024) KALASHO EDUCATION AND YOUTH Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must contain the Check if Schedule O contains a response	omplete all columns. All of	her organizations must cou	mplete column (A).	
<b></b>	· · · · · · · · · · · · · · · · · · ·	(A)		r.,	(0)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				en de la composition br>La composition de la
4					
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	80,079	68,302	11,777	*
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	323		323	
9	Other employee benefits				
10	Payroll taxes	7,168	6,450	718	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,200	7,000	1,200	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	6,000	5,500	500	
12	Advertising and promotion	1,935		1,935	
13	Office expenses	45		45	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,332		1,332	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,865	30,865		
23	Insurance	7,191	6,496	695	
24	Other expenses. Itemize expenses not covered				ikan periodi kanan anteran kan kan kan balupat. Peningan peningan peningan balupat balupat balupat balupat balupat balupat balupat balupat balupat balupat ba
	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.)			inante de la companya de la companya de la companya de la companya de la companya de la companya de la company La companya de la co	
а	RENT	72,000	64,800	7,200	
b	SUPPLIES	19,819	19,819		
С	SMALL TOOLS & SUPPLIES	7,564	7,564		
d	WEBSITE EXPENSES	7,227	7,227		
е	All other expenses	22,861	20,342	2,519	
25	Total functional expenses. Add lines 1 through 24e	272,609	244,365	28,244	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				

Form 990 (2024) KALASHO EDUCATION AND YOUTH Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1		,	20,202	1	160,991
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts received by and			4	
5	Loans and other receivables from any current or f	ormer officer, director,		erenengen Karalangun	
	trustee, key employee, creator or founder, substa	ntial contributor, or 35%		esta en esta en esta en esta en esta en esta en esta en esta en esta en esta en esta en esta en esta en esta e La companya de la companya en esta en	
	controlled entity or family member of any of these	persons		5	
6	and the state of t	, ,		na ang ana Kantanana	
S	under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
rssets	Notes and loans receivable, net			7	
⋖   8	Inventories for sale or use			8	
9			9		
10	a Land, buildings, and equipment: cost or other			endredska Kalendska	
	basis. Complete Part VI of Schedule D	10a		Stophings Linteracycy	
	b Less: accumulated depreciation		10c		
11	Investments—publicly traded securities		11		
12	Investments—other securities. See Part IV, line 1		12		
13			13		
14			14		
15	Other assets. See Part IV, line 11		15	2,193,395	
16	Total assets. Add lines 1 through 15 (must equal	20,202	16	2,354,386	
17	Accounts payable and accrued expenses			17	203,173
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
ဂ္ဂ 22					
	trustee, key employee, creator or founder, substan	ntial contributor, or 35%		an more en en en Harris de la Carle Harris de la Carle	
9	controlled entity or family member of any of these	persons		22	A THE PROPERTY OF THE PROPERTY
23	Secured mortgages and notes payable to unrelate	ed third parties		23	
24	Unsecured notes and loans payable to unrelated t	hird parties		24	
25	Other liabilities (including federal income tax, paya				
	parties, and other liabilities not included on lines 1	7-24). Complete Part X			
	of Schedule D		20,205	25	1,272,864
26	Total liabilities. Add lines 17 through 25		20,205	26	1,476,037
	Organizations that follow FASB ASC 958, chec	k here 🔀		enspectoria Stationalista	
ß	and complete lines 27, 28, 32, and 33.		等的。 1985年1987年1988年1988年1988年1988年1988年1988年1988	energen Energene	
27	Net assets without donor restrictions		-3	27	878,349
28	Not accets with donor rootrictions	· · · · · · · · · · · · · · · · · · ·		28	
27	Organizations that do not follow FASB ASC 95	8, check here		energy and and an energy and a	
2	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or equi	pment fund		30	
2 31	Retained earnings, endowment, accumulated inco	me, or other funds		31	
30 31 32	Total and annuals out to all to a		2	32	878,349
33	Total liabilities and net assets/fund balances		20,202	33	2,354,386

Form **990** (2024)

orn	m 990 (2024) KALASHO EDUCATION AND YOUTH 38-3613431			Pa	age 12
Pε	art XI Reconciliation of Net Assets			·····	<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	50,	961
2	Total expenses (must equal Part IX, column (A), line 25)	2			609
3	Revenue less expenses. Subtract line 2 from line 1	3	8	78,	352
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			-3
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,	78,	349
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		4260000		entresta Markotisto
	Schedule O.		8285865 5525465		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				elipsidiado. Apoplassar
	reviewed on a separate basis, consolidated basis, or both.			a-s, in Society.	
	Separate basis Consolidated basis Both consolidated and separate basis			Siddinist modeleja	titalikket Architeco
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20.500 (10.00) 20.500 (10.00)	Karatoria Markatari	
	separate basis, consolidated basis, or both.		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	erangena Karangena	AND STREET
	Separate basis Consolidated basis Both consolidated and separate basis				sediletera (C.) seensalvistos (C.)
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		MATERIAL CONTROL OF THE PARTY O	Windshielen Windshielen	FOR MARKET SALES
	Schedule O.			elenene engle Ministration	ana ann an an Annsan an an
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		İ

Form **990** (2024)

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.

OMB No. 1545-0047 2024

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

KALASHO EDUCATION AND YOUTH SERVICES

Employer identification number 38-3613431

Pi	art l	Reas	son for Public Charity	Status. (All organizations	s must c	complete	e this part.) See instruction	ons.				
The	orga	nization is no	t a private foundation because	se it is: (For lines 1 through 12,	check onl	y one box	(.)					
1		A church, co	onvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(	1)(A)(i).					
2	П	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	n 990).)							
3				ice organization described in se		(b)(1)(A)	(iii).					
4							- •	ospital's name				
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	L1	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X			substantial part of its support from				•				
	لبب	described in	section 170(b)(1)(A)(vi). (C	complete Part II.)	om a gov	on minorita	t and or from the general public	•				
8				170(b)(1)(A)(vi). (Complete Part	t II.)							
9				scribed in section 170(b)(1)(A)(i		ed in con	iunction with a land-grant colle	ne				
	L			of agriculture (see instructions).				90				
		university:	3				and state of the comoge of					
10		An organizat	tion that normally receives (1	) more than 33 1/3% of its supp	ort from o	contribution	ons, membership fees, and gro	SS				
				npt functions, subject to certain								
				nd unrelated business taxable in								
				0, 1975. See section 509(a)(2)								
11	Н			exclusively to test for public safe								
12				exclusively for the benefit of, to								
				ions described in section 509(a scribes the type of supporting or				Check				
	_	L3					· · · · · · · · · · · · · · · · · · ·					
	а	Reference of the Control of the Cont		erated, supervised, or controlled wer to regularly appoint or elect	-			ng				
				omplete Part IV, Sections A a		or the or	rectors or trustees or the					
	b			pervised or controlled in connec		ite eunno	rted organization(s) by having					
	~			ting organization vested in the s				ed.				
				Part IV, Sections A and C.	Jame por	ono mac	denier of manage the support	ou .				
	C	Type III 1	functionally integrated. A s	supporting organization operated	d in conne	ction with	n, and functionally integrated w	ith,				
				tructions). You must complete				,				
	d			<ol> <li>A supporting organization ope</li> </ol>								
		that is no	ot functionally integrated. The	organization generally must sa	itisfy a dis	stribution	requirement and an attentivene	ess				
				nust complete Part IV, Section								
	е	Check th	is box if the organization rec	eived a written determination fron n-functionally integrated support	om the IR	S that it is	s a Type I, Type II, Type III					
	f		mber of supported organizati		ing organ	ization.						
			ollowing information about th									
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of				
(-,		anization	(11) 2.11	(described on lines 1–10	listed in you	r governing	support (see	other support (see				
				above (see instructions))		nent?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)				K plant and a second a second and								
(E)												

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1,150,961	1,150,961
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					1,150,961	1,150,961
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			and the selected was encouried to be used in the experience of the selection of the selecti			1,150,961
Sec	tion B. Total Support	The second of th		and the second conference and according to the least the selection of the second conference of t	les de la mail de exilención estre abilitat de executividad.	adam dalah semalan peliku pendalah sejes kenjara dangga sej	1,130,961
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4			<u> </u>		1,150,961	1,150,961
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						2,230,301
9	Net income from unrelated business activities, whether or not the business is regularly carried on			***			
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10		azisirya bahi bina kakaping p				1,150,961
2	Gross receipts from related activities, etc.					12	
3	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop her		<del></del>				X
sec	tion C. Computation of Public Su						
4	Public support percentage for 2024 (line 6	, column (f), divide	d by line 11, colum	nn (f))		14	%
5	Public support percentage from 2023 Sch	edule A, Part II, lin	e 14			15	%
6a	33 1/3% support test — 2024. If the orga	nization did not ch	eck the box on line	13, and line 14 is	s 33 1/3% or more,	check this	
	box and stop here. The organization qual						
b	33 1/3% support test — 2023. If the orga				15 is 33 1/3% or n	nore, check	
	this box and stop here. The organization				,		
/a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac						
h	organization						
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						F-1
R	Private foundation. If the organization dic	l not about a be	m line 40 40- 401				Ц
•	instructions			o, 17a, or 17b, ch€	eck this box and se	e	
	matructions						1 1

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	quamy under t	ine tests hated i	ociow, picase c	omplete r art i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0) 2022	(4) 2020	(6) 2027	(i) rotai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			international distribution of the contract of			
202	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(-) 0000	T #2.0004		· · · · · · · · · · · · · · · · · · ·	T	
9	American Court Post O	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	**************					<del> </del>	
l0a	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						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12)						
4	First 5 years. If the Form 990 is for the org	ganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	)(3)	
206	organization, check this box and stop here tion C. Computation of Public Su		<u></u>	<del></del>		************	
5				- (0)			0.1
5 6	Public support percentage for 2024 (line 8, Public support percentage from 2023 Sche	, column (t), alvide				1 1	<u> </u>
	tion D. Computation of Investment			<u> </u>	*********	16	%_
7				column (f))			
8	Investment income percentage for 2024 (li Investment income percentage from 2023	Schedule A Dart	III lino 17			امدا	<u> </u>
	33 1/3% support tests — 2024. If the orga			e 14. and line 15 is			%
- <del></del>	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2023. If the orga						
	line 18 is not more than 33 1/3%, check thi						
	Private foundation. If the organization did						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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11 Has the organization accepted a gift or contribution from any of the following persons?  A purson who directly or indirectly controls, other all above?  A purson who directly or indirectly controls, other all above?  A purson who directly or indirectly controls, other all above?  A saffy controlled entity of a person described on line 11 at or 11b above? If "Yes" to line 11a, 11b, or 11c, or 11c, or 10c, or	Par	t IV Supporting	Organizations (continued)			
A Person who directly or indirectly controls, either alone or together with persons described on lines 1 to and 11 to below. He operating body of a supported organization?  A 35% controlled withy of a person described on line 11 a above?  A 35% controlled withy of a person described on line 11 a or 11 to above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  I 10 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's efficiency of usables at all times during the tax year? If "No," describe in Part VI how the supported organizations of selections, or usables at all times during the tax year? If "No," describe in Part VI how the supported organization or controlled the apported organization and prome than one than one supported organization, describe how the powers to appoint another remove officers, directors, or trustees were allocated among the supported organization of the them the supported organization of several majority of the organization organization of the controlled the supported organization of the than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the supported organization of the supported organization of the supported organization of the organization of the organization is supported organizations by the supported organization of the organization of the organization of the organization of the organization of the organization of the organization				pro-name	Yes	No
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KALASHO EDUCATION AND YOUTH

Р	age 6
Current Yea	r
(optional)	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.  instructions. All other Type III non-functionally integrated supporting organizations must attion A – Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion	com <sub>l</sub>		
Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion	1		
Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion		(A) Prior Year	(B) Current Year
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion			(optional)
Other gross income (see instructions) Add lines 1 through 3.  Depreciation and depletion			
Add lines 1 through 3.  Depreciation and depletion	2		
Depreciation and depletion	3		
	4		
	5		
Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	80516452509 60495154545		
instructions for short tax year or assets held for part of year):	minteleju Lieluluita		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors	ubbristische der		
(explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally integrated Type	ne III	supporting organization	

Schedule A (Form 990) 2024

	ule A (Form 990) 2024 KALASHO EDUCATION		38-36	<u> </u>	431 Page
Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		П	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	1	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2024	-	Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6			\$10,246.2 \$1,245.23	
2	Underdistributions, if any, for years prior to 2024		ii	9	
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019			900000	
	From 2020			1962-1870 1962-1964	
	From 2021				
	From 2022			3/5/4/50/05	
	From 2023			ng right grade	
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years		6	969 969	
	Applied to 2024 distributable amount			236200 26200	
i	Carryover from 2019 not applied (see instructions)				
j.	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$			erenand de Edited	
	Applied to underdistributions of prior years			i.	
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	YE TI WILLIAM ( )	*** The state of the state o		
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result			755 205	
	greater than zero, explain in Part VI. See instructions.		Y-10-12-12-12-12-12-12-12-12-12-12-12-12-12-	eje Pot	
6	Remaining underdistributions for 2024. Subtract lines 3h			HOROGIA HOROGIA	
	and 4b from line 1. For result greater than zero, explain in			estratisas Vikalistas	
	Part VI. See instructions.			100 00 100 100 100 100 100 100 100 100	THE STATE OF THE PROPERTY OF THE PARTY OF TH
7	Excess distributions carryover to 2025. Add lines 3j			KARIOWANI KARIOWANI	
	and 4c.			endere be	
	Breakdown of line 7:			carena loca Sociales	
	Excess from 2020				
	Excess from 2021			42.50	
	Excess from 2022			16962 eta	
d	Excess from 2023	7 Program Standards (2012 1997) (1914 1915)			

Schedule A (Form 990) 2024

e Excess from 2024

Schedule A (Form 990) 2024

Schedule A (For			EDUCATION			38-3613431	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa	Section A, lines art IV, Section C,	1, 2, 3b, 3c, 4b, line 1; Part IV,	4c, 5a, 6, Section D,	9a, 9b, 9c, 11a, 1 lines 2 and 3; Pa	0; Part II, line 17a or 1b, and 11c; Part IV, t rt IV, Section E, lines	17b; Part Section
	3a, and 3b; Part V,	line 1; Part V, S	ection B, line 1e	e; Part V, S	Section D, lines 5, (	6, and 8; and Part V, on. (See instructions.)	
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KALASHO EDUCATION AND YOUTH

38-3613431

Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

KALASHO EDUCATION AND YOUTH SERVICES

Employer identification number

38-3613431

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.							
Special Rules								
regulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the y literary, or educational p	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.							
contributor, during the y- contributions totaled mo during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such the tere than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year							
must answer "No" on Part IV, lin	in't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ne 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 the filing requirements of Schedule B (Form 990).							

Name of organization

KALASHO EDUCATION AND YOUTH

Employer identification number 38-3613431

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	HUNTINGTON FOUNDATION 41 S HIGH STREET  COLUMBUS OH 43215	\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4 MICHIGAN DEPARTMENT OF HEALTH AND	Total contributions	Type of contribution
2	HUMAN SERVICES 2355 GRAND AVENUE LANSING MI 48909	\$ 1,000,961	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

**SCHEDULE D** (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	e of the organization  TATACLO EDITORETORE ARE MOTIFIED  TATACLO EDITORETO		Employer	identification number
	VALASHO EDUCATION AND YOUTH		20 2	C10401
to Navousti	art I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A		613431
	Complete if the organization answered "Yes" on	Form 990 Part IV line 6	ccoun	ts
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			of the difference accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	1		
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		1es No
	only for charitable purposes and not for the benefit of the donor or don			
				Yes No
P	art II Conservation Easements		····	100 [ 100
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).		**************************************
	Preservation of land for public use (for example, recreation or educ		nportant	land area
	Protection of natural habitat	Preservation of a certified hist	-	
	Preservation of open space	Land		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conser	/ation	
	easement on the last day of the tax year.		200000000000000000000000000000000000000	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С		luded on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not		
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	ctinguished, or terminated by		
	the organization during the tax year			
4	Number of states where property subject to conservation easement is	located		
5	Does the organization have a written policy regarding the periodic mon	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing		
	conversation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing		
	conservation easements during the year			\$
8	Does each conservation easement reported on line 2d above satisfy th	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement	and bala	ance
	sheet, and include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes t	ne	
ERRIGIO	organization's accounting for conservation easements.			
Ma	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Historical Treasures, or Other Si	milar <i>i</i>	Assets
4 -			·····	
ıa	If the organization elected, as permitted under FASB ASC 958, not to refert historical transports of other similar accepts held from the control of the cont			orks
	of art, historical treasures, or other similar assets held for public exhibit		t public	
h	service, provide in Part XIII the text of the footnote to its financial stater			
J	If the organization elected, as permitted under FASB ASC 958, to report			
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance of p	ublic sei	rvice,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X	other civiles courts for financial self-		\$
-	If the organization received or held works of art, historical treasures, or following amounts required to be reported under FASB ASC 958 relatin		ae tne	
a				rh .
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$
				-0

3	Ω	_3	26	1	3	Л	3	1	

	edule D (Form 990) (Rev. 12-2024) KALA					<u>-3613431</u>		Page 2
HEAD OF	art III Organizations Maintaini						s (contin	ued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other recor	ds, check any of the	following that	make significant	use of its		
а	Public exhibition	d 🗌	Loan or exchange	orogram				
b	Scholarly research	е 🔲	Other					
C	Preservation for future generations							
4	Provide a description of the organization's	collections and expla	in how they further th	ne organization	n's exempt purpo	se in Part		
	XIII.							
5	During the year, did the organization solicit	t or receive donations	of art, historical trea	sures, or othe	r similar			
	assets to be sold to raise funds rather than						Ye	s No
Pi	art IV Escrow and Custodial A	rrangements						
	Complete if the organization 990, Part X, line 21.	on answered "Yes	s" on Form 990,	Part IV, line	9, or reported	d an amoun	t on Form	1
1a	Is the organization an agent, trustee, custo	odian or other interme	diary for contribution	s or other ass	ets not	······································		
	included on Form 990, Part X?						Ye	s No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table				[] .,	
			one ming taken.				Amoun	t
С	Beginning balance					1c		<u> </u>
	Additions during the year				• • • • • • • • • • • • • • • • • • • •			
e	Distributions during the year					1e		
f	3 ,	• • • • • • • • • • • • • • • • • • • •				1f	· · · · · · · · · · · · · · · · · · ·	
	Ending balance  Did the organization include an amount on	Form 990 Part V line	o 21 for operation of	ustodial accou	ent linbilite?	. L	Пу	
	If "Yes," explain the arrangement in Part XI							
	Int V Endowment Funds	iii. Oneck here ii the e	xpianation has been	i provided in P	ait Aiii			<u></u>
ingestered)	Complete if the organization	on answered "Ves	" on Form 990 I	Part IV line	10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two y		Three woose back	(4) 50	
10	Paginning of year halance	(a) Current year	(b) Filor year	(c) Two y	ears back (G)	Three years back	(e) Four	r years back
ld L	Beginning of year balance		<del> </del>					
	Contributions			<del></del>				<del></del>
C	Net investment earnings, gains,							
	and losses							
	Grants or scholarships		ļ					
е	Other expenditures for facilities and							
	programs							<del></del>
f	Administrative expenses							<del></del>
	End of year balance	· · · · · · · · · · · · · · · · · · ·						
	Provide the estimated percentage of the cu			a)) held as:				
	Board designated or quasi-endowment	%						
	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh	•						
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are held ar	nd administere	ed for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedule R?				3b	
_4_	Describe in Part XIII the intended uses of the	ne organization's endo	owment funds.					
Pa	rt VI Land, Buildings, and Equ							
	Complete if the organization	n answered "Yes	" on Form 990, F	Part IV, line	11a. See For	m 990, Part	X, line 10	0.
	Description of property	(a) Cost or other		or other basis	(c) Accumul		(d) Book v	
		(investment)	(0	other)	depreciati	on		
1a	Land				e la La Casa de La del Casa de la Casa de Casa			
b	Buildings				and the second s	The second secon		
c	Leasehold improvements							
	Equipment							
	Other	l l			<b>†</b>			
	. Add lines 1a through 1e. (Column (d) must		t X line 10c column	(R))	1			
	mica ita anough ie. (Column (a) must	equai i Omi 990, Par	A, IIII <del>o</del> 100, COIUMN	( <i>U))</i>				

Page 3

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	Complete if the organization answered "Yes" o  (a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market val	ue
(1) Financial o	***************************************			
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				·····
(D)				
(E)				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			BERTHER PROPERTY.
	Complete if the organization answered "Yes" or	n Form 000 Dort IV lie	on 11a Con Form 000 Dort V liv	- 10
	(a) Description of investment	(b) Book value	(c) Method of valuation:	ie 13.
	(-)	(b) book value	Cost or end-of-year market value	ıe
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		****		
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, line 13, col. (B))			i marita manga mengangan
Part IX	Other Assets			
	Complete if the organization answered "Yes" or	າ Form 990, Part IV, lin	e 11d. See Form 990, Part X, lir	ne 15.
	(a) Description			Book value
(1)	LEASE ASSETS			,272,864
(2)	FIXED ASSETS			920,531
(3)				
(4)				
(5)				
(0)				······································
(7)				
(7) (8)				
(7) (8) (9)	/h) must oqual Form 000. Do t V. line d.F. co.l. (D))			102 205
(7) (8) (9) Fotal. (Column	(b) must equal Form 990, Part X, line 15, col. (B))		2,	.193,395
(7) (8) (9) (otal. (Column	Other Liabilities	Form 200 Port IV lin		
(7) (8) (9) (otal. (Column	Other Liabilities Complete if the organization answered "Yes" or	ı Form 990, Part IV, lin		
(7) (8) (9) Fotal. (Column	Other Liabilities Complete if the organization answered "Yes" or line 25.		e 11e or 11f. See Form 990, Par	tX,
(7) (8) (9) Fotal. (Column	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability		e 11e or 11f. See Form 990, Par	
(7) (8) (9) Fotal. (Column Part X	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability		e 11e or 11f. See Form 990, Раг	tX,
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) LEASE (3) (4) (5) (6) (7)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4) (5) (6) (7) (8)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes		e 11e or 11f. See Form 990, Раг	t X, Book value
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4) (5) (6) (7) (8) (9)	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes LIABILITY		e 11e or 11f. See Form 990, Par	t X, Book value 272,864
(7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) LEASE (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes LIABILITY  (b) must equal Form 990, Part X, line 25, col. (B))		e 11e or 11f. See Form 990, Par	t X, Book value
(8) (9) Total. (Column Part X  1. (1) Federal in (2) LEASE (3) (4) (5) (6) (7) (8) (9) Total. (Column 2. Liability for un	Other Liabilities Complete if the organization answered "Yes" or line 25.  (a) Description of liability accome taxes LIABILITY	otnote to the organization's f	e 11e or 11f. See Form 990, Par  (b) 1  1,  inancial statements that reports the	t X, Book value 272,864

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3	~	_	-4	-	-	~	л		7	

Page 4

Pe	art XI Reconciliation of Revenue per Audited Financial S	tatements With Rever	nue per Return	
	Complete if the organization answered "Yes" on Form		•	
1	Total revenue, gains, and other support per audited financial statements		1	1,150,961
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Net unrealized gains (losses) on investments	2a	#0.00 (=1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
b	Donated services and use of facilities	2b	A SANCE AND AND AND AND AND AND AND AND AND AND	
C	Recoveries of prior year grants	2c	60 0 5050-0 6 0 5050-0 6 0 5050-0 6	
đ	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,150,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61524963644	
b	Other (Describe in Part XIII.)	4b	# ** # SOUTH	
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			1,150,961
-Fic	Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return	
1	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		070 600
	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			272,609
		1 20 1	50,628,639	
h	Donated services and use of facilities	2a   2b	#25452223 #485582	
c	Prior year adjustments Other losses		The state of the s	
	Other (Describe in Part XIII.)		er vil an investment dend school sein bala den school sein bala	
e	Add lines 2a through 2d	<u>L zu l</u>	n interview in the	
3	Subtract line 2e from line 1	*************************	2e 3	272,609
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			212,009
		4a		
а	investment expenses not included on Form 990. Part VIII. line /h			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	*************************************	
b	Other (Describe in Part XIII.)	4b	the section of	
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	272 . 609
b c 5	Other (Describe in Part XIII.)	4b	4c	272,609
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	4c 5	272,609
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
b 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
b 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
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b 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
b 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
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b 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  TXIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	4c 5	272,609
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# SCHEDULE O (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

RALASHO EDUCATION AND YOUTH	Employer identification number					
SERVICES	38-3613431					
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICA	NT ACTIVITIES					
KALASHO EDUCATION & YOUTH SERVICES IS A NON-PROFIT ORGANIZATION DEDICATED						
TO SUPPOR YOUTH AND FAMILIES WITH FAMILY STABILIZAT	ION AND LITERACY					
SUPPORT, HEALTH CARE ACCESS AND WELLNESS, EMPLOYMENT AND ENTERPRENEURIAL						
SKILLS, FINANCIAL LITERACY AND ECONOMIC EMPOWERMENT AND LEGAL AND ASVOCACY						
AID.						
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PROGRAM SERVICE AND ADMINSTRATIVE EXPENSES						
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ORGANIZATION'S ACCOUNTANT WILL REVIEW FORM 990						
FORM 000 DARE UT TIME 10 COMEDNING DOCTORS OF						
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION					
NO DOCUMENTS AVAILABLE TO THE PUBLIC						