Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

A For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change AGAHOZO-SHALOM YOUTH VILLAGE, INC. Name change 27-3530769 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 646-381-7866 498 SEVENTH AVENUE, 15TH FLOOR Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,084,080. Applica-tion pending NEW YORK, NY 10018 H(a) Is this a group return F Name and address of principal officer: ANNE HEYMAN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. (see instructions)) ◀ (insert no.) J Website: WWW.ASYV.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 2010 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: ASYV IS A COMPREHENSIVE HOME, 1 Governance COMMUNITY, AND HIGH SCHOOL FOR 500 ORPHANS IN Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 12 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 5 6 Total number of volunteers (estimate if necessary) 36 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 2,486,089. 8 Contributions and grants (Part VIII, line 1h) 2,830,213. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 810. 19,335. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,733. 174,919. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,545,632. 3,024,467. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,477,043. 1,519,682. 16a Professional fundraising fees (Part IX, column (A), line 11e) 35,407. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,699,004. 1,757,875. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,176,047. 3,312,964. 19 Revenue less expenses. Subtract line 18 from line 12 -630,415.-288,497. 200 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 12,180,441. 12,863,371. 21 Total liabilities (Part X, line 26) 1,543,846. 572,419. Net assets or fund balances. Subtract line 21 #om line 20 11,608,022. 11,319,525. Part II | Signature Block Under penalties of perjury, I declare that I have examined this retyling 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. Signature of officer Sign Date JOHN HOOVER, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature THOMAS LANNING Paid P00851654 Preparer Firm's name COHNREZNICK LLP Firm's EIN 22-1478099 Firm's address 1212 AVENUE OF THE AMERICAS Use Only NEW YORK, NY 10036 Phone no. 212-297-0400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 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 Х 3 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 Х 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 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 Х 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 Х 17 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	· (commect)		T	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	[Yes	No
2.1	The second of Death Washington (A) From	21		x
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	21	<u> </u>	122
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22	-	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24:	Schedule J	23		1
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
ŀ	Did the executation in and an executation in the state of	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	 	
_		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
r	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZSa	 	21
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	·	OEh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		0.0		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Λ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these 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 Schedule L, Part IV	27		77
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer of restauration and restauration of the state of the st	28a		Х
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3,		
	Schedule N, Part II	32	ĺ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- Jan		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\neg \neg$	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
	Note All Form 000 filers are required to complete Calculate O	1 . 1	ا ج	

27-3530769

Form 990 (2013) AGAHOZO-SHALOM YOUTH VILLAGE, I Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
		***************************************		********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19		1	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		gaming			
	(gambling) winnings to prize winners?		***************************************	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	, Two, to line 5b, provide all explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			ĺ		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ► RWANDA					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		í	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	ground and the state of the sta	ne organiza	ation solicit			l
	any contributions that were not tax deductible as charitable contributions?	• • • • • • • • • • • • • • • • • • • •		6a		X
b	, and the state of		s			ĺ
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				77	
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		f	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b	X	
C				_	. 1	v
ď	KING- B'-P - I II	7d		7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7-		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act2		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a l	Form 1098-C2	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			7.1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	1.0000000000000000000000000000000000000	
9	Sponsoring organizations maintaining donor advised funds.	,				
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	***************************************				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1	Ī		- 1	
_	organization is licensed to issue qualified health plans	13b		- 1		
C 14a	Enter the amount of reserves on hand	13c				
iTa h	Did the organization receive any payments for indoor tanning services during the tax year?		·····	14a		X
ט	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	? O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 30. 9b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 12	1		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	اب تنوجيت
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 ~	L.,	
	The state of the s	***************************************	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.15		
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			0.50
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	ugage :
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
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?	16a	CONTRACTOR OF THE PROPERTY OF	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
	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		
	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NY, DE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av			
	for public inspection. Indicate how you made these available. Check all that apply.	anabie		
19	Own website Another's websiteX Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	financi	o!	
-	statements available to the public during the tax year.	manc	di	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
	LOUIS D'SOUZA - 646-381-7866	H. 🏴		
	498 SEVENTH AVENUE, 15TH FLOOR, NEW YORK, NY 10018			
****	-20 DEVENTED TO THE FLOOR, NEW TORK, NI 10010			

Form 990 (2013) 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 (Ď), (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 and/or Box 7 of Form 1099 MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	(do	not c	Pos check	C) sitior more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANNE E HEYMAN	40.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) BETRAND KAYIRANGA	2.00	1								
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	0.	0.
(3) JEAN KAGUBARE	2.00									
BOARD MEMBER		X						0.	0.	0.
(4) JERILYN MEDREA	2.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(5) JOHN HOOVER	5.00									
TREASURER		X		X				0.	0.	0.
(6) LAURIE TOLL FRANZ	5.00									
SECRETARY		Х		X				0.	0.	0.
(7) LISA ISSROFF	5.00							·		
BOARD MEMBER		Х						0.	0.	0.
(8) LIZ STERN	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) SAM MERRIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) STEVE MOSS	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) TINA WYATT	2.00		- 1							
BOARD MEMBER		X						0.	0.	0.
(12) RAN GOSHEN	2.00									
BOARD MEMBER		Х			_			0.	0.	0.
(13) TAMAR M. COPELAND	35.00		İ							
EXECUTIVE DIRECTOR				X				76,050.	0.	8,689.
(14) DANIELLE BURENSTEIN	35.00		ŀ							
EXECUTIVE DIRECTOR		_	_	X	_			4,327.	0.	0.

332007 10-29-13 Form 990 (2013)

Form 990 (2013)	AGAHOZO-:	SHALOM Y	ZOU	TH	I V	IL	LA	GE	I, INC.	27-3	3530	769	Page
Part VII Section A	A. Officers, Directors, Trus	tees, Key Em	ploye	ees,	and	Hic	ghes	st C	ompensated Employee	s (continued)			
Nam	(A) ne and title	(B) Average hours per week (list any	box,	not c , unle	Posi heck r ss per nd a di	ition more to son is	than o	n an	(D) Reportable compensation from	(E) Reportabl compensat from relate	ion ed	Estin amou otl	F) nated unt of her
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	1	fron organi and re	nsation the ization elated zations
													•
c Total from cont	inuation sheets to Part VII 1b and 1c)	, Section A)	>	80,377. 0. 80,377.		0.		689. 0. 689.
	individuals (including but no om the organization	ot limited to the	ose li	stec	d abo	ove)	who	rec	ceived more than \$100,0	000 of reportabl	е	Ye	0 s No
line 1a? <i>If</i> "Yes,"	tion list any former officer, complete Schedule J for su	ıch individual										3	X
and related organDid any person li	al listed on line 1a, is the sur nizations greater than \$150, isted on line 1a receive or ac	,000? <i>If</i> "Yes," ccrue compens	' <i>con</i> satio	<i>nple</i> n fro	te Sc om a	chea ny u	<i>lule</i> inrel	J fo atec	r such individuald d organization or individ	ual for services		4	X
rendered to the c Section B. Independe	organization?	olete Schedule	for لد	r suc	ch pe	ersoi	n					5	X
1 Complete this tal	ble for your five highest con Report compensation for the										pensatio	on from	
	(A) Name and business a	address	NO	NE					(B) Description of se	ervices	Co	(C) mpensat	ion
2 Total number of i	ndependent contractors (inc	cluding but no	t limit	ted:	to th	1000	liete	ad a	hove) who received man	o than			
	pensation from the organiza		,, (1)			0		, u	Soro, who received file	o a lait			

332008 10-29-13

AGAHOZO-SHALOM YOUTH VILLAGE, INC. Form 990 (2013) 27-3530769 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1b 468,223. c Fundraising events Gifts, 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above $|_{1f}|_{2,361,990}$ g Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f 2,830,213 Business Code 2 a Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 463. 463. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 150. 0. b Less: rental expenses c Rental income or (loss) 150. d Net rental income or (loss) 150. 150. 7 a Gross amount from sales of (i) Securities (ii) Other 30,485. assets other than inventory b Less: cost or other basis 11,613. and sales expenses 18,872. c Gain or (loss) 18,872. d Net gain or (loss) 18,872. 8 a Gross income from fundraising events (not Other Revenue including \$468,223. ofcontributions reported on line 1c). See 44,275. Part IV, line 18 a 48,000. b Less: direct expenses c Net income or (loss) from fundraising events -3,725.-3,725.9 a Gross income from gaming activities. See Part IV, line 19

b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a FEE INCOME 541900 114,525. 114,525. b FARM INCOME 110000 40,224. 40,224. c VAT 900000 15,029. 15,029. d All other revenue 900099 8,716. 8,716. e Total. Add lines 11a-11d 178,494. 024,467. Total revenue. See instructions. 163,465. 30,789.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 83,651. 70,400. 5,187. 8,064. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,337,105. 73,748. Other salaries and wages 1,148,935. 114,422. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,344. 4,216. 2,381. 3,747. 13,777. Other employee benefits 59,842. 24,389. 21,676. 11,713. 28,740. 6,617. 10,410. 10 Payroll taxes 11 Fees for services (non-employees): Management 1,032. 1.032. 83,488. 83,488. c Accounting d Lobbying 35,407. Professional fundraising services. See Part IV, line 17 35,407. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 148,449. 29,755. column (A) amount, list line 11g expenses on Sch O.) 784. 117,910. Advertising and promotion 12 13 Office expenses 341,004. 315,262. 3,896. 21,846. Information technology 14 15 Royalties 64,398. 26,498. 13,200. 16 Occupancy 24,700. 116,156. 110,617. 1,855. 17 3,684. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 53,837. 39,827. 19 11,052. 2,958. 25,347. 20 25,347. Payments to affiliates 21 339,170. Depreciation, depletion, and amortization 339,170. 22 23 48,110. 40,306. 7,804. Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FOOD 165,019. 152,409. 1,004. 11,606. SPECIAL EVENTS 147,626. 11,055. 136,571. MEDICAL EXPENSES 66,171. 66,171. d RECRUITMENT 50,621. 50,621. 107,447. 51,346. 33,973. e All other expenses 22,128. 3,312,964. 2,493,722. 25 Total functional expenses. Add lines 1 through 24e 284,113. 535,129. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 664,709. 1 Cash - non-interest-bearing 441,659. 1 2 Savings and temporary cash investments 596,351. 1,254,162. 2 315,815. 3 Pledges and grants receivable, net 764,125. 3 4 Accounts receivable, net 4,926. 6,539. 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 30,669. 35,530. 9 10a Land, buildings, and equipment: cost or other 11,223,330. basis. Complete Part VI of Schedule D 10a 879,234. b Less: accumulated depreciation 10b 10,558,715. 10,344,096. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 9,256. 17,260. 15 16 12,180,441. Total assets. Add lines 1 through 15 (must equal line 34) 12,863,371. 16 Accounts payable and accrued expenses 17 72,419. 43,846. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 500,000. 1,500,000. 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ,..... 25 Total liabilities. Add lines 17 through 25 572,419. 1,543,846. 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 11,210,207. 27 10,530,400. Temporarily restricted net assets 28 397,815. 789,125. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32

> 12,863,371. Form 990 (2013)

> 11,319,525.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

11,608,022.

12,180,441.

33

34

_	n 990 (2013) AGAHOZO-SHALOM YOUTH VILLAGE, INC.	27-	-35307	69	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	,	·····			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				64.
3	Revenue less expenses. Subtract line 2 from line 1	3				97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,	608	3,0	<u> 22.</u>
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	11,	319	,5	<u> 25.</u>
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 in Schedule	O.				
2a	o and the state of			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:		į.			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	- Lincoln Control
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		it [

Act and OMB Circular A-133?

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 in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AGAHOZO-SHALOM YOUTH VILLAGE, INC. Employer identification number 27-3530769

Part I	Reason	for Publ	ic Cha	rity Sta	atus	(All organ	nizations m	nust com	plete	this pa	rt.) See ins	tructions.					*****
The organ	ization is not																
1	A church, co					•	_	-		-	,	i)					
2 X	A school de								. 500	Juon 17	יועראני אנטוט	·/·					
3	A hospital o							-	tion 1	170/bV/1	\/ A \/;;;\						
4	A medical re											7/5\/ 4\/ 6 \/	iii) Entoi	r tha	, bosnita	l'a nar	mo
	city, and sta		ai lizatioi i	орегис	o iii oc	n ijai iotioi	i with a ric	ospital de	SOCIID	Jed III S	ection 170	J(M)(1)(M)(m). Line	uie	Hospita	15 Hai	ne,
5	An organizat	-	ed for the	henefit	of a co	ollege or i	univoreity (awnod o	r opo	rated by		nontal uni	t dosorib	od i			
У	section 170					mege or t	ai ii vei sity t	JWI IEG O	Oper	rated by	a governi	nentai un	i describ	ea II] [
e []					•		مانسم مرام عن			470// \	4V4V 1						
7	A federal, st																
<i>I</i>	An organizat					antiai pari	or its sup	port fror	n a go	overnme	ental unit o	or from the	general	pub	lic descr	ibed in	n
م ا	section 170						.										
8 📙	A communit																
9 📖	An organizat																
	activities rela																
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)																
					•												
10	An organizat																
11	An organizat																or
	more publicl). See se	ction 509	(a)(3). Ch	neck	the box	that	
	describes the type of supporting organization and complete lines 11e through 11h.																
	a Type I Type II C Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than																
																	1
	foundation m												(a)(1) or s	secti	ion 509(a	a)(2).	
f	If the organiz	ration receiv	ved a writ	ten dete	erminat	tion from	the IRS th	at it is a	Type	I, Type	II, or Type	Ш					
	supporting o																
g	Since Augus	t 17, 2006,	has the o	organiza	tion ac	cepted a	ny gift or c	ontribut	ion fro	om any	of the folic	wing pers	ons?				
	(i) A perso	n who dired	ctly or ind	lirectly c	controls	s, either a	lone or to	gether w	ith pe	ersons d	escribed in	n (ii) and (i	ii) below,			Yes	No
		erning body													11g(i)		
	(ii) A family	member o	f a persoi	n descril	bed in	(i) above?									11g(ii)		
	(iii) A 35% c	controlled e	ntity of a	person	descrit	oed in (i) o	or (ii) abov	e?							11g(iii)		
h	Provide the f	ollowing inf	ormation	about t	he sup	ported or	ganization	n(s).									
		·	<u> </u>														
(i) Name o	of supported	(ii) E	IN	l (iii) Tvr	ne of or	ganization	(iv) Is the	organizat	tion (v	v) Did yo	u notify the	(vi) l:	s the	(Viii)) Amount	of mo	notany
	nization			(descr	ibed on	lines 1-9	in col. (i)	listed in y	our	organizat	ion in col.	organizati	on in col. red in the	(***)	, Amount Supj		iliciai y
				F		section	governing	i documei	nt? (i) of you	r support?	(i) organiz U.S	5.?				
				(200	instruc	ilions))	Yes	No		Yes	No	Yes	No				
							:										

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 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.)

<u>Se</u>	ection A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf			<u> </u>			
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		 	+			
5	man		+				
Ū	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,	10					
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T				
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
ю	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	l nne)			40	
	First five years. If the Form 990 is for			d fourth or fifth to	v voar as a saction	12	
	organization, check this box and stop	here					
Sec	tion C. Computation of Public	c Support Per	centage		1		
14	Public support percentage for 2013 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2012	Schedule A, Part I	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization		***************************************	***************************************	▶□
b	33 1/3% support test - 2012. If the o			ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali				••••		
17a	10% -facts-and-circumstances test	 2013. If the orga 	anization did not d	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% or	more,
	and if the organization meets the "fact	s-and-circumstanc	es" test, check th	is box and stop h	ere. Explain in Par	t IV how the organiz	ation
_	meets the "facts-and-circumstances" t						▶□
b	10% -facts-and-circumstances test)% or
	more, and if the organization meets the	e "facts-and-circun	nstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
10	organization meets the "facts-and-circular foundation of the arganization	umstances" test. T	he organization q	ualifies as a public	ly supported organ	ization	
10	Private foundation. If the organization	i did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b			
					Scho	dule A (Form 990 c	r uon_L 7\ 2013

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and		1	3-7		10/2010	(7) 1000
	membership fees received. (Do not						
	include any "unusual grants.")				İ		
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
c							
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
a	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year						
С	Add lines 7a and 7b	`					
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	paguired offer lune 20, 4075						

11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section	501(c)(3) organizat	ion
Sec	tion C. Computation of Public	Support Pero	centage				
15	Public support percentage for 2013 (lin	ne 8, column (f) div	rided by line 13, co	lumn (f))		15	%
	Public support percentage from 2012		U C 3 C		i i	16	%
	tion D. Computation of Inves			***************************************		_1♥_1	70
	Investment income percentage for 20			13 column (fl)		17	0/
	Investment income percentage from 2				l'i		%
	33 1/3% support tests - 2013. If the		••••	ling 14 and line		1/20/ and line 17	<u>%</u>
							. —
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2012. If the						
00	line 18 is not more than 33 1/3%, chec	K this box and sto	op here. The organ	nization qualifies a	s a publicly suppor	ted organization	▶∐
20	Private foundation. If the organization	i did not check a b	ox on line 14, 19a	or 19b, check this	s box and see instr	uctions	

	Also complete	ital Informat this part for any	additional inf	formation. (S	See instructi	ons).				, -	
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC. 27-3530769												
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 not 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											
Chook if your organization is	a covered by the Covered Bulk are Covered Bulk											
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	. See instructions.										
General Rule												
X For an organization contributor. Comp	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mor lete Parts I and II.	ney or property) from any one										
Special Rules												
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regula o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gre i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.											
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educated to children or animals. Complete Parts I, II, and III.											
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year												
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLIANCE FOR GLOBAL GOOD 445 DOLLEY MADISON ROAD, STE. 208 GREENSBORO, NC 27410	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BERTRAND KAYIRANGA KIMIHURURA, 25TH AMAJYAMBERE ST. KIGALI, KIMIHURURA, RWANDA	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BETH SCHLAGER 445 CONCORD RD. WESTON, MA 02493	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAN DOCTOROFF 309 W. 91 ST. NEW YORK, NY 10024	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GELFAND FAMILY CHARITABLE TRUST 65 GALLOUPES POINT ROAD SWAMPSCOTT, MA 01970	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ISSROFF FAMILY CHARITABLE FDN AGENCY 270 BROADWAY, APT. #28A NEW YORK, NY 10007	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JEFFERIES LLC 11100 SANTA MONICA BLVD., 12TH FLOOR LOS ANGELES, CA 90025	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 TENTON, DEPORT OF CREEK TORK	(c) Total contributions	(d) Type of contribution
8	JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BOULEVARD LOS ANGELES, CA 90048	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEWISH FEDERATION OF ST. LOUIS 12 MILLLSTON CAMPUS DR. ST. LOUIS, MO 63146	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOSEPH H. AND BARBARA I. ELLIS FOUNDATION 158 TOWN STREET WEST CORNWALL, CT 06796	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	JUST GIVE P.O. BOX 300 SAN FRANCISCO, CA 94104	\$5,114.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LIANE GINSBERG 18 EAST 12TH STREET, APT. 3B NEW YORK, NY 10003	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	LIANE GINSBERG FAMILY FUND 6435 YELLOWSTONE BOULEVARD C/O ALGI, FOREST HILLS NEW YORK, NY 10021	\$\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	LIQUIDNET HOLDINGS, INC.		Person X		
	<u>498 SEVENTH AVE.</u> <u>NEW YORK, NY 10018-6760</u>	\$321,000.	Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	LISA LEBOVITZ 288 CONCORD ROAD WESTON, MA 02493	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	LOWENSTEIN SANDLER, LLP 65 LIVINGSTON AVE ROSELAND, NJ 07068	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	MARTIN SEGAL 776 MOUNTAIN BLVD. WATCHUNG, NJ 07069	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	MONTAG FAMILY FOUNDATION PO BOX 73 NEW YORK, NY 10274	\$13,500.	Person X Payroll Complete Part II for noncash contributions.)		

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	NANCY TELLEM 1601 SAN REMO DRIVE PACIFIC PALISADES, CA 90272	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	PEARS FAMILY CHARITY TRUST CLIVE HOUSE LONDON, LONDON, UNITED KINGDOM NW3 1PZ	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	RICH FALCONE 121 W. 82 ST. NEW YORK, NY 10024	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	RICHARD GENTILE 498 SEVENTH AVENUE, 15TH FLOOR NEW YORK, NY 10018-6760	\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	RICHARD UECHTRITZ 41 GLENVIEW ST PADDINGTON, PADDINTON, AUSTRALIA NSW 2021	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	SAMUEL MERRIN 724 FIFTH AVENUE, 3RD FLOOR NEW YORK, NY 10019	\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SARLO PHILANTHROPIC FUND 121 STEUART STREET SAN FRANCISCO, CA 94105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SEGAL FAMILY FOUNDATION 776 MOUNTAIN BOULEVARD, SUITE 202 WATCHUNG, NJ 07069	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	SUZANNE FELSON 17 PRESIDIO TERRACE SAN FRANCISCO, CA 94118	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
28	THE ANNE HEYMAN & SETH MERRIN FAMILY FOUNDATION 155 WEST 70TH STREET NEW YORK, NY 10023	\$ 135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE EDWARD STERN AND STEPHANIE REIN CHARITABLE FUND 291 CENTRAL PARK WEST #PH NEW YORK, NY 10024	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE FIVE TOGETHER FOUNDATION 1900 MARKET STREET, 6TH FLOOR PHILADELPHIA, PA 19103	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
····		<u> </u>	/

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	THE JEFF AND LAURIE FRANZ FUND 1138 SEWELL LN. RYDAL, PA 19046	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE JETT LUCAS FOUNDATION 101 SEQUOIA DRIVE SAN ANSELMO, CA 94960	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	THE LEBOVITZ FAMILY CHARITABLE TRUST 2030 HAMILTON PLACE BLVD, SUITE 900 CHATTANOOGA, TN 37421	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 34	(b) Name, address, and ZIP + 4 THE LIZ AND EMMANUEL STERN CHARITABLE FUND (SCHWAB) 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	(c) Total contributions \$ 66,850.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
35	THE MARTIN J. AND TRISTIN MANNION CHARITABLE TRUST 13 COMMONWEALTH AVENUE BOSTON, MA 02116	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	THE MERRIN FAMILY FUND 285 CENTRAL PARK WEST NEW YORK, NY 10024	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	AGAHOZO-	SHALOM	YOUTH	VILLAGE,	INC.
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27-3530769

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	THE ROBERT & TRUDY GOTTESMAN PHILANTHROPIC FUND 888 PARK AVENUE NEW YORK, NY 10021	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	THE WEINSTEIN FOUNDATION INC. 1440 SPRING STREET, NW ATLANTA, GA 30309-2837	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	URI HERSCHER 2701 N. SEPULVEDA BLVD. LOS ANGELES, CA 90049	\$15,000. 	Person X 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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

27-3530769

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

Name of org	anization		Employer identification number
AGAHOZ	O-SHALOM YOUTH VILLAGE	TNC.	27-3530769
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	idual contributions to section 501(c) he following line entry. For organization. c., contributions of \$1,000 or less fo	(7) (8) or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AGAHOZO-SHALOM YOUTH VILLAGE. TNC. Employer identification number 27-3530769

organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	Pa	rt I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or	Accounts. Complete if the
Total number at end of year				
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitatile purposes and not for the benefit of the denor or donor advisor, or for any other purpose conferring impermissible private hearies? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply).				(b) Funds and other accounts
2 Aggregate contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements had by the organization check all that apply). □ Protection of natural habitat □ Preservation of land for public use (e.g., necreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements a Total number of conservation easements b Total acreage restricted by conservation easements 2 Description of conservation easements on a certified historic structure instead in (a) 2c c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is licitated Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Number of conservation easements mo	1	Total number at end of year		
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Proservation of sand for public use (e.g., recreation or education) Preservation of an historically important land area Prosecution of fand for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of open space 2 Complete inso 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2 a Held at the End of the Tax Year 3 Total number of conservation easements 3 Total acresge restricted by conservation easements 4 Total acresge restricted by conservation easements 5 Total acresge restricted by conservation easements 5 Total acresge restricted by conservation easements 6 Number of conservation easements included in (e) acquired after 8/17/08, and not on a historic structure listed in the National Register 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of states where property subject to conservation easement is located Number of conservation easements modified, in the National Register 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the periodic monitoring, inspecting, and e	2	Annual Control of the		
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of fand for public use (e.g., necreation or education) □ Preservation of an historically important land area □ Preservation of open space 2 Complete ines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 1 Total acreage restricted by conservation easements 2 a Held at the End of the Tax Year 2 a donor the hadron and the structure included in (a) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) acquired after 8/17/06, and not on a historic structure listed in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ December of the conservation easements in biods? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement reported on fine 2(d) above a safety the requirements of section 17(9)(4)(9)(9)(9) □ Yes □ No 1 Part XIII, describe how the organization reports conservation easements in the describes the organization as accounting f	3	Aggregate grants from (during year)		
are the organization's property, subject to the organization's exclusive legal content?	4			
are the organization's property, subject to the organization's exclusive legal content?	5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised for	unds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a cartified historic structure Preservation of pan space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ∀ year ∀ Year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 1 and year 2 and year 3 and y				
to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (chock all that apply). Preservation of an historically important land area Protection of natural habitat Preservation of an historically important land area Protection of natural habitat Preservation of natural habitat Preservation of open space Preservation easements Preservation of open space Preservation of open space Preservation easements Preservation easement on the last day of the tax year. I Held at the End of the Tax Year Preservation easements Preservation Pre	6			
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Proservation of land for public use (e.g., necreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements □ Held at the End of the Tax Year 2a Held at the End of the Tax Year 2b b Total acreage restricted by conservation easements □ 2b Volumber of conservation easements on a certified historic structure included in (a) □ 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Part III Organization expected on line 2(d) above satisfy the requirements of section 1700)(4)(6)(6)(6)(7) and section 1700)(4)(6)(6)(7)				
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Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	Pai		t, Historical Treasures, or Other	Similar Assets.
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historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	1a	If the organization elected, as permitted under SFAS 116 (ASC 9)	58), not to report in its revenue statement a	and halance sheet works of art
the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public exhibiti	on, education, or research in furtherance o	f public service provide in Part XIII
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		the text of the footnote to its financial statements that describes	these items.	, pasie service, provide, irr art XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	b			palance sheet works of art, historical
relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, educa	ition, or research in furtherance of public se	ervice, provide the following amounts
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		relating to these items:	,	ariouning ariouning
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 		(ii) Assets included in Form 990, Part X		▶ \$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial gain	. provide
a Revenues included in Form 990, Part VIII, line 1		the following amounts required to be reported under SFAS 116 (A	ASC 958) relating to these items:	•
b Assets included in Form 990, Part X	а			> \$
	b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

- Landanian		-SHALOM YO						27-35			Page 2
Ра	rt III Organizations Maintaining (Collections of A	t, His	torical Tre	easures, c	or Other	Similar	Asset	s (conti	inued)	<u> </u>
3	Using the organization's acquisition, access	ion, and other record	ts, chec	k any of the	following that	at are a siç	gnificant us	e of its o	ollection	า item	ıS
	(check all that apply):		,	•							
а		•	d		change prog						
b	, , , , , , , , , , , , , , , , , , ,	•	9	Other					·····		
C											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 7 7 7										
- Constitution of the Cons	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" to I	orm 990, l	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								_		
	on Form 990, Part X?							L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amour	ıt	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year		•••••				1e				
f	Ending balance						1f	· · · · · · · · · · · · · · · · · · ·	.,		
	3								Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation	on has been	provided in I	Part XIII					<u> </u>
Pa	rt V Endowment Funds. Complete	if the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b)	Prior year	(c) Two year	rs back	d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					İ					
f	Administrative expenses										
	End of year balance	1 1									
2	Provide the estimated percentage of the curr		e (line 1	a, column (a)) held as:						
а	Board designated or quasi-endowment		%	<i>3</i> , ()	,						
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the posse		tion the	it are held an	nd administar	ed for the	organizati	On			
	by:	color of the organiza	cion the	a are riela ar	ia aariii iistei	ed for the	organizati	OH	ſ	V	N.
	•								0-(3)	Yes	No
			••••••		•••••••••••		• • • • • • • • • • • • • • • • • • • •		3a(i)		
b		listed as required or	Soboo						3a(ii)		
4	30										
***************************************	t VI Land, Buildings, and Equipm	ent.	WINCHL I	urius.							***************************************
	Complete if the organization answered		Part IV	line 11a Se	e Form 990	Part Y lin	na 10				
	Description of property	(a) Cost or of		(b) Cost				Т	(a) Dac'		
	becomplied of property	basis (investm		basis (cumulated reciation		(d) Bool	(value	9
1a	Land		.5		9,677.	uepi	COIGLIUIT	\dashv	210	9,6	77
	Buildings				5,175.	7	56,271	1/	0,008		
~	Leasehold improvements			20,70	J, 1 / J •		JU, Z/J		,,,,,,,	, , 51	J 4 •
	Equipment						*				
	Other			23	8,478.	1	22 063	_	115		1 5
			, .				22,963			5,52	
i Otal.	otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10(c).)					10.					

▶ 10,344,096. Schedule D (Form 990) 2013

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 AGAHOZO-SHALOM YOUTH VILLAGE, INC.	27-3530769 Page 5
Schedule D (Form 990) 2013 AGAHOZO - SHALOM YOUTH VILLAGE, INC. Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CURRENCY EXCHANGE LOSS	-23,663.
CONTINUE DESCRIPTION OF THE PROPERTY OF THE PR	23,003.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CURRENCY EXCHANGE LOSS	23,663.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

INC.

OMB No. 1545-0047
2013

Open to Public Inspection

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

AGAHOZO-SHALOM YOUTH VILLAGE,

Employer identification number 27-3530769

Pa				***************************************
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	<u> </u>	X
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II THE ORGANIZATION HAS PUBLICIZED OUR POLICY IN THE NEW TIMES	3	X	
	NEWSPAPER IN RWANDA.			
	NEWSTAFER IN RWANDA.			
			1	
4	Does the organization maintain the following?			
' a		4-		Х
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	X	<u> </u>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	22	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	ALL FULL TIME STAFF AND FACULTY ARE RWANDAN.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e_		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
n	Other extracurricular activities?	5h	10.00	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?		10140	v
b	Has the organization's right to such aid ever been revoked or suspended?	6a		<u>X</u>
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	(350,645)	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	-	y	

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

Schedule E (Form 990 or 990-EZ) (2013)

Part II	(Form 990 or 990-EZ) (2013) AGAHOZO-SHALOM YOUTH VILLAGE, INC.	27-3530769	Page 2
. ~	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, Also complete this part to provide any other additional information.	and 7, as applicable.	
		100,000	

··			
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
	·		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
Open to Public Inspection

Name of the organization

Employer identification number

AGAHOZO-SHALOM	YOUTH VI	LLAGE, I	NC.	27-35307	59
Part I General Info	rmation on A	ctivities Out	side the United States. Comp	lete if the organization answered "	Yes" on
Form 990, Part I					
1 For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
				-	
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
United States.			_		
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
,, ,	offices	émployees,	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	employees, agents, and independent	services, investments, grants to	describe specific type	for and
		contractors in region	recipients located in the region)	of service(s) in region	investments in region
		in region_		PROVIDES A HIGH SCHOOL	
				EDUCATION, RESIDENTIAL	
SUB-SAHARAN AFRICA -				FACILITIES AND	
RWANDA	1	141	PROGRAM SERVICES	THERAPEUTIC TREA	2 057 946
	1	141	PROGRAM SERVICES	THERAPEUTIC TREA	2,957,846.
				<u> </u>	
		ļ			
					
	Ì]			
					1
					:
	ĺ				
3 a Sub-total	1	141			2 057 046
	L	141			2,957,846.
b Total from continuation	0	_			_
sheets to Part I	U .	0			0.
c Totals (add lines 3a					
and 3b)	1	141			2,957,846.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

332071 10-03-13 27-3530769

Page 2

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

Schedule F (Form 990) 2013

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal. other)
						-		
 2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has prompted a Enter total number of other organizations or entities 	ecipient organizations e grantee or counsel ther organizations or	Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, re	ecognized as tax-exer	npt by		

Page 3

AGAHOZO-SHALOM YOUTH VILLAGE, INC.

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 27-3530769

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(h) Begins	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(a) Description of	(h) Method of
	Torbar (a)	recipients	cash grant	cash disbursement	non-cash assistance	non-cash assistance	valuation (book, FMV, appraisal, other)
	-						
						Schedule	Schedule F (Form 990) 2013

C-SECTION THE PARTY NAMED IN	ule F (Form 990) 2013 AGAHOZO-SHALOM YOUTH VILLAGE, INC.	27-3530769	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes [X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes [X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		

for Form 5713)

Schedule F (Form 990) 2013

Yes X No

Schedule F	(Form 990) 2013	AGAHOZO-SHALOM	YOUTH VILLAGE,	INC.	27-3530769	Page 5
Part V	Supplementa					
1.0 20 62 62 6000000) (itaria	li 0l /6 /		
					counting method; amounts of	
	investments vs. ex	xpenditures per region); Part II	I, line 1 (accounting method);	Part III (accounting r	method); and Part III, column (c)	
		r of recipients), as applicable.				
• • • • • • • • • • • • • • • • • • • •	(commarca nambe	готтеприта, аз аррпсави.	7430 COMplete this part to pr	ovide any additional	mornadon.	
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				44.00.44		
						
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	······································					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

AGAHOZ(O-SHALOM YOUTH VILI	AGE	, I	NC.	27-3530	769
Part I Fundraising Activities required to complete this pa	- Complete if the organization answrt.	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e X Solicita s f X Solicita g X Specia or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	ation of ation of al fundra I (includo professi	non-g gover aising ding or onal f	government grants rnment grants events fficers, directors, trus undraising services?	stees or 	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have d or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SPECIAL EVENT PARTNERS - 209		Yes	No			
WEST 80TH STREET SUITE 1E,	EVENT PLANNING		х	512,498.	35,407.	476,091.
Total			>	512,498.	35,407.	476,091.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contribu	itions	or has been notified	it is exempt from reg	istration
NY NY						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990 EZ) 2013 AGAHOZO-SHALOM YOUTH VILLAGE, INC. 27-3530769 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events STAND UP NONE (add col. (a) through EVENT col. (c)) (event type) (event type) (total number) 512,498. 512,498. 1 Gross receipts 2 Less: Contributions 468,223. 468,223. Gross income (line 1 minus line 2) 44,275. 44,275. 4 Cash prizes 5 Noncash prizes Expenses Rent/facility costs Direct / 48,000. Food and beverages 48,000. 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 48,000. 11 Net income summary. Subtract line 10 from line 3, column (d) -3,725. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue, 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain: __

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 AGAHOZO-SHALOM YOUTH VILLAGE, INC. 27-	3530769 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility b An outside facility	13a 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes No
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	nes 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:
(I) NAME OF FUNDRAISER: SPECIAL EVENT PARTNERS	
(I) ADDRESS OF FUNDRAISER:	
209 WEST 80TH STREET SUITE 1E, NEW YORK, NY 10024	
PART I, LINE 2B, COLUMN (V):	
EXPLANATION: FUNDRAISER ORGANIZED AND EXECUTED STAND UP EVENT FOR ORGANIZATION.	•
	1990 or 990-E7) 2013

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

AGAHOZO-SHALOM YOUTH VILLAGE, INC.	27-3530769
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
RWANDA'S EASTERN PROVINCE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
RWANDA AND AROUND THE WORLD.	
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: ANNE HEYMAN, BOARD CHAIR, AND SAM MERRIN, BOA	RD MEMBER, HAVE A
FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUN	TING FIRM AND
REVIEWED BY MANAGEMENT. THEN THE RETURN IS PRESENTED TO T	HE BOARD FOR
REVIEW BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: AT THE ANNUAL BOARD MEETING WHICH IS USUALLY	IN FEBRUARY OF
EACH YEAR THE OFFICERS & DIRECTORS, ARE REQUIRED TO DISCLOS	SE ANY POTENTIAL
CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE BOARD ENGAGES A PRO-BONO HUMAN RESOURCES (CONSULTANT, TO
DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THEY ALSO	CONSULT WITH
LEGAL COUNSEL AND COMPARE COMPENSATION TO OTHER ORGANIZATIO	ONS.

ORGANIZATIONAL GOALS ARE SET FOR THE EXECUTIVE DIRECTOR, AND EVALUATIONS OF

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

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization AGAHOZO-SHALOM YOUTH VILLAGE, INC.	Employer identification number 27-3530769
PERFORMANCE ARE DONE ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON RE	QUEST.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE SELECTION AND OVERSIGHT PROCESS DID NOT O	CHANGE FROM
THE PRIOR YEAR.	
FORM 990, PART V, 2A:	
EXPLANATION: EMPLOYEES IN THE UNITED STATES ARE PAID THROU	JGH A THIRD
PARTY AND DID NOT RECEIVE A W-2 FROM ASYV. EMPLOYEES IN RW	ANDA ARE PAID
BY ASYV BUT DO NOT RECEIVE A W-2.	