			** PUBLIC DISCLOSURE COPY		
	0	00	Return of Organization Exempt From	m Income Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		
Deo	viment	of the Treasury	benefit trust or private foundation)		Open to Public
		enue Service	The organization may have to use a copy of this return to satisfy s	tate reporting requirements.	Inspection
<u>A</u>	For th	ie 2012 calenc	lar year, or tax year beginning $ { m JAN} 1, 2012$ and ending	<u>g JUN 30, 2012</u>	
В	Check il		forganization	D Employer identific	ation number
	applicat	1			
X	Addr		G SURVIVAL COALITION, INC.		
	Nam		usiness As	13-40)57685
	Initia returi	n Number	r and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone number	
	Term ated		BROAD STREET 1700	0 646-2	<u>257-3000 .</u>
X	Amer	City, tov	vn, or post office, state, and ZIP code	G Gross receipts \$	<u>1,982,671.</u>
	Applition		YORK, NY 10004	H(a) Is this a group ret	
	pend	F Name a	nd address of principal officer: JENNIFER MERSCHDORF	for affiliates?	Yes X No
			AS C ABOVE	H(b) Are all affiliates inclu	uded? Yes No
1	fax ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a li	ist. (see instructions)
			YOUNGSURVIVAL.ORG	H(c) Group exemption	
				Year of formation: 1999 M	State of legal domicile: NY
Pa	art I	Summary			
ģ	1	Briefly describ	be the organization's mission or most significant activities: SEE PAR	<u>r III, LINE 1.</u>	
and					
Governance	2	Check this bo	,	1 1	
Š	3				9
	4		lependent voting members of the governing body (Part VI, line 1b)		9
Activities &	5		of individuals employed in calendar year 2012 (Part V, line 2a)		0
üVit	6	Total number	of volunteers (estimate if necessary)		400
Act			d business revenue from Part VIII, column (C), line 12		<u> </u>
	b	Net unrelated	business taxable income from Form 990-T, line 34	1 1	0.
		0.14.0		Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	3,841,260.	<u>1,681,845.</u>
Revenue	9	-	ce revenue (Part VIII, line 2g)		<u> </u>
å			come (Part VIII, column (A), lines 3, 4, and 7d)	-227,684.	8,942.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,617,822.	1,692,357.
			nilar amounts paid (Part IX, column (A), lines 1-3)	61,371.	71,387.
			to or for members (Part IX, column (A), line 4)	0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,058,211.	1,005,101.
lse			undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses			ing expenses (Part IX, column (D), line 25) 158,036.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,293,204.	888,741.
	r i		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,412,786.	1,965,229.
_	19	Revenue less	expenses. Subtract line 18 from line 12	205,036.	-272,872.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
alar	20	Total assets (F	Part X, line 16)	1,783,685.	1,486,480.
d B B B B B B B B B B B B B B B B B B B	21	Total liabilities	(Part X, line 26)	221,167.	<u> 196,834 </u>
			fund balances. Subtract line 21 from line 20	1,562,518.	1,289,646.
	irt II	Signature			
			l declare that I have examined this return, including accompanying schedules and s		knowledge and belief, it is
true,	COLLER	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	قمبيتعير
		Cideraday	unelfelling)	Date	5
Sigr			e of officer	Date	
Her	9		IFER MERSCHDORF, CEO		
	•			Date Check	PTIN
Daid		Print/Type prer		1.1111	-1 11 002(1905
Paid		UHVID Firm's pama		· · · · · · · · · · · · · · · · · · ·	52-1392008
Prep Use			▶ GELMAN, ROSENBERG & FREEDMAN ▶ 4550 MONTGOMERY AVE SUITE 650N	Firm's EIN 🛌	J7-T327000
000	July	1 mm S address	BETHESDA, MD 20814-2930	Phone no. (3	801) 9 <u>51-9090</u>
Mav	tha II	I RS discuse this	s return with the preparer shown above? (see instructions)		X Yes No
	1 12-1		or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)
20200	·· (2-)				. 500 000 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Partial Statements of Trogram Service Accomptometrics Check TSchedule Contains a response to any question in this PartIII Briefly describe the organization's massion: YOUNG SURVIVAL COALTTION (YSC) IS THE PREMIER GLOBAL ORGANIZATION DEDICATED TO THE CRITICAL ISSUES UNIQUE TO YOUNG WOMEN WHO ARE ITAGONESED WITH BREAST CANCER. PROVIDING AN INFORMATIVE INTERACTIVE WEBSITE, EDUCATIONAL RESOURCES. ND PROGRAMS, AS WELL AS LOCAL SUPPORT DId to organization undertake on significant program services during the year which were not listed on the pror form 900 or 900-E22 If 'Yes, 'Gasen's consected accomptimetric transport in the intermediate of the organization case conducting or make significant changes in hew't conducts, any program services, as measured by copenes. Section 501(6)(3) and 501(c)(4) angentastoria are required to report the amount of grants and adcastors to others, the total expenses, and revenue, if any ite total program services accomptimetry for each of the three largest program services, as measured by copenes. Section 501(c)(3) and 501(c)(4) angentastoria are required to report the amount of grants and adcastors to others, the total expenses, and revenue, if any ite total program service accomptimetry is report the amount of grants and adcastors to others, the total expenses, and revenue, if any ite total program services are required to report any iteractive services? AND EDUCATIONAL PROGRAMMING FOR YOUNG WOMEN WITH BERAST CANCER AS WELL AS THE MEDICAL PROFESSIONAL COMMUNITY. YSC'S SUITE OF SERVICES INCLUDED: RESOURCELINK - A SUITE OF EDUCATIONAL MATERIALS AND TOOLS THAT CONNECT YOUNG WOMEN TO C COMMUNITY BASED RESOURCES SPECIFICALLY TARGETED TO YOUNG ADDLT CANCER SURVIVORS AND/OR YOUNG WOMEN BATTLING EREAST CANCER, ENDITION TOOLS - A SETES OF NUCLATION TOOLS TARGETED FOR ONE ON ONE SUPPORT; THE FACTOR SERVICES INCLUDED RESOURCES THE CONTENTY FATENTED TRAINED BALLY AND FOR SUPPORT GROUPS 40 (Cote) [fournes \$ (total grants of) [fournus \$] 41 (total grant and addited to t				1000 (2
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orm 990 (2012) YOUNG SURVIVAL COALITION, INC. 13-4057685 Part III Statement of Program Service Accomplishments	1			

	Form 990 (2012)			YOUNG	3 5	JURV	ΊV
1	Part IV	Che	ecklist	of	Required	Sc	hedu	les

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	X X	
2		2	л	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		v	
	complete Schedule G, Part III	19	Х	X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

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Form 990 (2012)

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b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
	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
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
	instructions for applicable filing thresholds, conditions, and exceptions):
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes," complete Schedule M
I	Did the organization liquidate, terminate, or dissolve and cease operations?
	If "Yes," complete Schedule N, Part I
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
	Schedule N, Part II
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
ŀ	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
Бa	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
	If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

YOUNG SURVIVAL COALITION, INC. Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Schedule J

Schedule K. If "No", go to line 25

any tax-exempt bonds?

disqualified person during the year? If "Yes," complete Schedule L, Part I

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

b 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

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete

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24a

24b

24c

24d

25a

25b

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28b

28c

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Form 990 (2012)

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	Check if Schedule O contains a response to any question in this Part V									
	1 1 -		Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0									
b										
С										
	(gambling) winnings to prize winners?	1c								
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 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^						
b	If "Yes," enter the name of the foreign country:									
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F -		x						
	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?	5b								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 23						
D	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.5								
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${f N/A}$									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966? N/A	9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person? \dots N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:									
a	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)	10-								
	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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue gualified health plans in more than one state? N/A	13a								
a	•	ISd								
h	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									
U	organization is licensed to issue qualified health plans 13b									
~	Enter the amount of reserves on hand 13c									
	Did the eventimetion vectors and any meants for indeer tenning one lines during the terrorad	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

YOUNG SURVIVAL COALITION, INC.

Statements Regarding Other IRS Filings and Tax Compliance

13-4057685

Page 5

Form 990 (2012)

Part V

YOUNG SURVIVAL COALITION, INC.

13-4057685 Page 6

VI	Governance, Management, and Disclosure For each	"Yes" response to lines 2 through 7b below, and for a "No" resp	onse
	to line 8a, 8b, or 10b below, describe the circumstances, processe	s, or changes in Schedule O. See instructions.	

X

Sec	tion A. Governing body and Management									
		1.	9		Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	3							
	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.		9							
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					v				
-	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under t					х				
	of officers, directors, or trustees, or key employees to a management company or other person?			3	x	л				
4	Did the organization make any significant changes to its governing documents since the prior Form			4	Λ	X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X				
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			0		<u></u>				
7a				7a		x				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			<i>1</i> a						
U				7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10						
a	The governing body?			8a	х					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			0.0						
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrice		9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	Je Code.)							
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe							
	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approx		independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official			15a	X	37				
b	Other officers or key employees of the organization			15b		Х				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		Х				
	taxable entity during the year?			16a						
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized at the super status with respect to such arrangements?	amzau	ons	16b						
Sec	exempt status with respect to such arrangements?									
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-		tion 501(c)(3)s only)	availat	le					
	for public inspection. Indicate how you made these available. Check all that apply.			anac	-					
	X Own website Another's website X Upon request Other (explain	n in Se	chedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			d finar	ncial					
	statements available to the public during the tax year.	-	, ,,							
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiza	tion: 🕨						
	HEATHER MCGREW - 646-257-3027									
.,,,	61 BROADWAY, SUITE 2235, NEW YORK, NY 10006									
12-10-				Form	990	(2012)				
	6									

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors						
	Check if Schedule O contains a response to any question in this Part VII					
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Comple	te 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 a	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation	`				

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

 (A)
 (B)
 (C)
 (D)
 (E)

(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Average	Position do not check more than one					Reportable	Reportable	Estimated				
	hours per	box	box, unless pers			is bot	h an	compensation	compensation	amount of			
	week	offi	icer and a director/trustee)				tee)	from	from related	other			
	(list any	sctor						the	organizations	compensation			
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the			
	related	stee c	ustee			ensa		(W-2/1099-MISC)		organization			
	organizations	al tru	nal ti		loyee	e com				and related			
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1)	line)	h	lns	8	ξe.	en <u>H</u> ic	Ŗ						
(1) LISA FRANK	10.00												
PRESIDENT	F 00	X		X									
(2) KAREN BORKOWSKY-KENNEDY	5.00												
VICE PRESIDENT		х		Х									
(3) ANNA CLUXTON	5.00												
EX OFFICIO / PAST PRESIDENT		Х		Х									
(4) MICHAEL WIRTH	5.00												
TREASURER		Х		Х									
(5) MITCHELL FINK	10.00												
SECRETARY		X		Х									
(6) DINAMARIE ALCURI	5.00												
BOARD MEMBER		x											
(7) LISE GEDULDIG	5.00												
BOARD MEMBER		x											
(8) JOY SIMHA	5.00												
BOARD MEMBER		x											
(9) COURTNEY HAGEN	5.00												
BOARD MEMBER		x											
(10) JENNIFER MERSCHDORF	50.00												
CHIEF EXECUTIVE DIRECTOR		1		х									
(11) HEATHER MCGREW	50.00												
CHIEF OPERATING OFFICER		1		Х									
		1											
232007 12-10-12										Form 990 (2012)			

7

232007 12-10-12

Form 990 (2012)

Form 990 (2012) YOUNG SU									13-40	5768	5	Page 8
Part VII Section A. Officers, Directors, Trus		ploy I	ees,	, and (C		ghes	st C				(-)	
(A) Name and title	hours per						one n an :ee)	(D) Reportable compensation	(E) Reportable compensation	on amo		ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) OI	othe mpens from f ganiz nd rel ganiza	sation the ation ated
1b Sub-total c Total from continuation sheets to Part V												
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ▶) wh	io re	eceived more than \$100),000 of reportable	e		
3 Did the organization list any former officer,											Yes	
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le co	mpe	ensa	tion	and	l otł			3		X
 5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i> 	accrue compe	nsati	on f	rom	any	unre	əlat	ed organization or indiv				x
Section B. Independent Contractors											•	
1 Complete this table for your five highest co the organization. Report compensation for								n the organization's tax				
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Comp	(C) ensat	ion
							_					
							_					
							-					
							+					
2 Total number of independent contractors (\$100,000 of compensation from the organi	, and the second s	iot lir	nite	d to	thos	se lis	ted	l above) who received n	nore than			

232008 12-10-12

Form	990	(20	12)	
				-

				L COALIT	ION, INC.		13-4057	685 Page 9
Pa	rt VI			te en la succetiere i				X
		Check if Schedule O cont	ains a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	t c c f	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f 	1b 1c 1d ions) 1e ts, and 1f ve 1f 1,	37,479. 406,248. 238,118.	1,681,845.			
Program Service Revenue	2a b c			Business Code 900099	1,500.	1,500.		
Progr	e f		nue		1,500.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds	70.			70.
	k	a Gross rents D Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	 d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis 	(i) Securities	(ii) Other				
en	c	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	g events (not	>				
Other Revenue		including \$ 406,2 contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a b	28,635. 150,869.	100 004			100.004
	9 a	 Net income or (loss) from function Gross income from gaming ac Part IV, line 19 Less: direct expenses 	otivities. See	▲ 260,619. 129,728.	-122,234.			-122,234.
	10 a	 Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold 	returns a	▶ 2,035. 9,717.	130,891.			130,891.
	c	Net income or (loss) from sale Miscellaneous Revenu MISCELLANEOUS	s of inventory	► Business Code 900099	-7,682. 7,967.	-7,682.		7,967.
	c				7,967. 1,692,357.	-6,182.	0.	16,694.
23200 12-10-						0,1020	0.	Form 990 (2012)

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YOUNG SURVIVAL COALITION, INC.

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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 respon	(A) se to any question in the		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	60,927.	60,927.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	10 460	10 460		
	United States. See Part IV, lines 15 and 16	10,460.	10,460.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	144,609.	56,535.	67,691.	20,383
6	Compensation not included above, to disqualified	111,005.	50,555.	01,0510	20,505
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	676,581.	593,404.	23,543.	59,634
8	Pension plan accruals and contributions (include	,		,	•
	section 401(k) and 403(b) employer contributions)	3,824.	3,272.	257.	295
9	Other employee benefits	107,834.	90,805.	6,271.	10,758
0	Payroll taxes	72,253.	58,394.	6,684.	7,175
1	Fees for services (non-employees):				
а	Management				
	Legal	6,889.		6,889.	
	Accounting	81,094.		81,094.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	145 050	100 505		14 000
	column (A) amount, list line 11g expenses on Sch 0.)	145,853.	123,597.	7,270.	14,986
2	Advertising and promotion	1,665.	200.	1,465.	
3	Office expenses	146,309.	90,805.	40,457.	15,047
4	Information technology	138,469.	93,103.	27,239.	18,127
5	Royalties	146,894.	146,405.	489.	
6	Occupancy	83,289.	65,152.	7,955.	10,182
7	Travel	05,209.	05,152.	1,955.	10,102
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials Conferences, conventions, and meetings	109,332.	108,432.	900.	
9 0		105,552.	100,452.	5000	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,064.	2,160.	7,904.	
3	Insurance	1,933.	966.	483.	484
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.)	0 0 0 7	2 0 7 4		200
a	EQUIPMENT AND RENTAL	8,927.	3,974.	<u>4,587.</u> 376.	366 599
b	SUBS. AND PUBS. LIC., REG. & PERMITS	4,779. 1,944.	3,804.	1,944.	599
C	UNCOLLECTIBLE PLEDGES	1,944.		1,944.	
d		300.	100.	200.	
_	All other expenses	1,965,229.	1,512,495.	200.	158,036
25 26	Joint costs. Complete this line only if the organization	±,,0,,243.	±,J±4,49J•	494,090.	T 20,030
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				
	In 1010Wing 001 30-2 (A00 300-720)				Form 990 (201

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09340112 745960 00466

11 2012.06010 YOUNG SURVIVAL COALITION, I 00466_5

1 Cash - non-interest-bearing

		Cash - non-interest-bearing		·····	1,5/1,547.		500,520.
	2	Savings and temporary cash investments			208,606.	2	208,468.
	3	Pledges and grants receivable, net			47,669.	3	108,125.
	4	Accounts receivable, net			-	4	6,250.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	vees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		-		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	24,739.
1	9	Prepaid expenses and deferred charges			39,773.	9	52,286.
		Land, buildings, and equipment: cost or other			-		
		basis. Complete Part VI of Schedule D	10a	119,002.			
	b	Less: accumulated depreciation		100,141.	28,925.	10c	18,861.
	11	Investments - publicly traded securities	· · · ·	-		11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			86,763.	15	86,823.
	16	Total assets. Add lines 1 through 15 (must equ			1,783,685.	16	1,486,480.
	17	Accounts payable and accrued expenses			184,996.	17	169,191.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
abi		key employees, highest compensated employee	es, and disq	ualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third parti	es		24	
	25	Other liabilities (including federal income tax, pa	yables to re	lated third			
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X of			
		Schedule D			36,171.	25	27,643.
	26	Total liabilities. Add lines 17 through 25			221,167.	26	196,834.
		Organizations that follow SFAS 117 (ASC 958	8), check he	ere▶ 🖾 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets		······ _	689,122.	27	352,875.
Bal	28	Temporarily restricted net assets		······ _	673,396.	28	736,771.
pu	29				200,000.	29	200,000.
Ρu		Organizations that do not follow SFAS 117 (A	SC 958), ch	neck here			
° or		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	1 200 646
~	33	Total net assets or fund balances			1,562,518.	33	1,289,646.
	34	Total liabilities and net assets/fund balances			1,783,685.	34	1,486,480.

Form 990 (2012)

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(B) End of year

980,928.

(A) Beginning of year

1,371,949.

1

YOUNG SURVIVAL COALITION, INC.

Check if Schedule O contains a response to any question in this Part X

Form 990 (2012)

Form 990 (2012)	
Part X	Bal	lance	Sheet

Form 990 (2012)

Donated services and use of facilities

Investment expenses

1

2

3

4

5 6

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8

2012.06010 YOUNG SURVIVAL COALITION, I 00466_5

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))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛣 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	6,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

	Reconciliation			••••••		
- orm 990 ((2012)	YOUNG	SURVIVAL	COALITION,	INC.	

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

Net unrealized gains (losses) on investments

Prior period adjustments

Check if Schedule O contains a response to any question in this Part XI

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1,692,357.

1,965,229.

1,562,518.

-272,872.

0.

Х

Х

Form 990 (2012)

2c

3a

3b

1

2

3

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5

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(Form 99	DULE A 90 or 990-EZ) of the Treasury nue Service	Complet	te if the organization is 4947(a)(1) no	ic Charity Status and Public Support if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ch to Form 990 or Form 990-EZ. ► See separate instructions.						OMB No. 154 20 Open to F Inspect	12 Public)
Name of	the organizati	on							Employer	identification	n nun	nber
		URVIVAL COAL	ITION	, INC	•			1	3-40576	85		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	:.) See inst	ructions				
The organ	iization is not a	private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)					
1 🗂			s, or association of chur					-				
2			0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization		in section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)	(iii). Enter	the hospital's	name	e,
	city, and stat	e:			-							
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governr	mental u	nit describ	oed in		
		(b)(1)(A)(iv). (Comple		-		-	-					
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)([.]	I)(A)(v).					
7 X			eives a substantial part					or from th	ne general	public describ	oed ir	ก
		b)(1)(A)(vi). (Comple				0			0			
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	-		eives: (1) more than 33 ⁻		-	rom contri	butions. m	nembers	hip fees. a	nd aross rece	ipts f	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete						,	,	,		
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	n 509(a)(4	H).				
11			perated exclusively for th						rrv out the	e purposes of o	one c	or
			ations described in section									
			organization and compl				,					
	а 🗌 Туре I				nctionally i		d	I 🗔 Т\	vpe III - No	n-functionally	intea	rated
e 🗌	• •	-	It the organization is not		-	-		-	•		Ŭ	
			han one or more publicly									
f			ten determination from t									
		rganization, check th										
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pe	ersons?			
-			irectly controls, either al							γ, Γ	'es	No
			upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% controlled entity of a person described in (i) above?											
h			about the supported or									
		-		-								
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document? No	organizat	u notify the ion in col. support? No	organiza	Is the tion in col. ized in the .S.? No	(vii) Amount of suppo		etary
				res		res		i res	O/I			

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 YOUNG SURVIVAL COALITION, INC.

Part II

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t II Su

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,272,357.	3,038,148.	3,127,240.	3,015,700.	1,681,845.	13,135,290.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.050.055	2 2 2 2 4 4 2	2 4 2 5 4 4 2	2 015 500	1 (01 045	42.425.000
_	Total. Add lines 1 through 3	2,272,357.	3,038,148.	3,127,240.	3,015,700.	1,681,845.	13,135,290.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						011 611
-	column (f)						844,611.
	Public support. Subtract line 5 from line 4.						12,290,679.
		(-) 0000	(1-) 0000	(-) 0010	(-1) 0011	(-) 0010	(6) T = + = 1
	ndar year (or fiscal year beginning in)	(a) 2008 2, 272, 357.	(b) 2009 3,038,148.	(c) 2010 3,127,240.	(d) 2011 3,015,700.	(e) 2012 1,681,845.	(f) Total 13,135,290.
	Amounts from line 4	2,272,337.	3,030,140.	5,127,240.	5,015,700.	1,001,040.	13,133,230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	189,251.	191 398	816,621.	825,614.	70.	2,322,954.
•	and income from similar sources	107,251.	±J1,3J0.	010,021.	025,014.	,	2,522,554.
9	Net income from unrelated business						
	activities, whether or not the		77,929.				77,929.
10	business is regularly carried on		11,525.				11,525.
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	4,691.	12,185.			7,967.	24,843.
11	Total support. Add lines 7 through 10	1,0510	12,1001			175071	15,561,016.
	Gross receipts from related activities,	etc (see instruction	ans)			12	49,754.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta	ax vear as a sectio		
.0	organization, check this box and stop	-			•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				······································
	Public support percentage for 2012 (olumn (f))		14	78.98 %
	Public support percentage from 2011		•			15	80.03 %
	33 1/3% support test - 2012. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2012

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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	r the organization'	s first, second, thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	0		, ,	,	()()	í 🗖
Section C. Computation of Publ						F
15 Public support percentage for 2012 (column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inve					· ·	70
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			•		•	
232023 12-04-12		,	,			0 or 990-EZ) 2012
			15			,• •-

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Schedule A (Form 990 c	or 990-EZ) 2012 YOUNG	SURVIVAL COA	LITION	, INC.	13-4	L057685 _{Ра}
Part IV Supplen and Part II	nental Information. Co I, line 12. Also complete this	mplete this part to provi part for any additional ir	de the explai 1formation. (S	nations required b See instructions).	y Part II, line 10; Part	II, line 17a or 17b
THE ORGANIZA	TION CHANGED I	TS ACCOUNTIN	IG YEAR	FROM DEC	EMBER 31 TC	JUNE 30
THIS RETURN	IS FOR THE PER	IOD JANUARY	1, 201	2 TO JUNE	30, 2012.	
232024 12-04-12					Schedule A (Form	n 990 or 990-EZ)
40112 74596	0 00466	2012.06010	16 YOUNG	SURVIVAL.	COALITION,	

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2012

Employer identification number

13-4057685

or 990-PF)	
Department of the Treasury	/
Internal Revenue Service	

Schedule B

(Form 990, 990-EZ.

Name of the organization

organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 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					

YOUNG SURVIVAL COALITION,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty 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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively 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 Part I, line 2 of its Form 990-PF, 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) (2012)

Name of organization

Employer identification number

13-4057685

YOUNG SURVIVAL COALITION, INC.

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>85,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$54,354.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$38,313.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 12-2		\$ <u>46,100.</u> Schedule B (Form S	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)
	18		

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Name of organization

Employer identification number

13-4057685

YOUNG SURVIVAL COALITION,

INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 35,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 336,100. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 223452 12-21-12

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	
Name of organization	

Page 3 Employer identification number

13-4057685

YOUNG SURVIVAL COALITION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		art ii if additional space is needed.	i
(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
		\$	990, 990-EZ, or 990-PF) (;

09340112 745960 00466

	SURVIVAL COALITION, IN	C.	13-4057685
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(he following line entry. For organizations c., contributions of \$1,000 or less for th	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter ne year. (Enter this information once.) \$\$
(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, a	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
-	Transferee's name, address, a	(e) Transfer of gift 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 gift	
-	Transferee's name, address, a	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 gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 12-21-1	2	21	Schedule B (Form 990, 990-EZ, or 990-PF) (20

09340112 745960 00466

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

1

Ź

 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. ► See separate instructions.

Nam	ne of the organization YOUNG SURVIVAL COALITION, INC.		Employer identification number 13-4057685
Par		r Funds or A	
1 41	organization answered "Yes" to Form 990, Part IV, line 6.		Coounts.complete il the
	(a) Donor advised funds		(b) Funds and other accounts
4			
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 do		
_	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 func		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other		
Der	impermissible private benefit?		
	rt II Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
			lly important land area
		n of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а			2a
b	·····		2b
с	Number 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 histo	ric structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ted by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement is located \blacktriangleright		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it holds?		Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	nts during the ye	ear 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ction 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and		
	include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes the or	ganization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasure	es, or Other	Similar Assets.
	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 reven	nue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research ir	n furtherance of	f 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 s	statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	 (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 fo		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these it		-
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$
-	· · · · ·		
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2012
232051 12-10-	1		
_ 10	22		

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-		URVIVAL CO		-				13-40			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	easures,	or Oth	er Simi	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check ar	y of the	following that	at are a s	significant	use of its	collection	n item	S
	(check all that apply):										
а	Public exhibition	d	Loa	n or exc	hange progra	ams					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they	further t	he organizati	ion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran). Part IV.			
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for cor	tributior	ns or other as	ssets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990 Part X line	212						Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Pai											-
		(a) Current year	(b) Prior		(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance	206,098.		6,226.		6,351.	. /	, 106,340.	1.07		474.
	Contributions	,		,		,		, 100,000.		,	
	Net investment earnings, gains, and losses	-139.		-128.		-125.		, 11.		3.	866.
	Grants or scholarships							-		,	
	Other expenditures for facilities										
e								11.		3	866.
	and programs									<u>,</u>	
1	Administrative expenses	205,959.	20	6,098.	20	6,226.		206,351.		106	340.
g	End of year balance	,				0,220.		200,331.		100,	540.
2	Provide the estimated percentage of the cur	• 00		olumn (a	a)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment 97.11	[%] 2.89 %									
с	· · · · · · · · · · · · · · · · · · ·										
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	and administe	ered for t	the organi	zation	г		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		<u>X</u>
	(ii) related organizations										X
b	If "Yes" to 3a(ii), are the related organization								. 3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm		· · · · ·								
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Bool	<pre>< value</pre>	e
		basis (investn	nent)	basis	(other)	de	preciation				
	Land										
	Buildings										
с	Leasehold improvements				2,358.		7,9				82.
d	Equipment				0,992.		53,4		r	7,5	23.
e	Other				5,652.		38,6	96.		5,9	56.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10(c).)				18	3,8	61.
								Schedule	D (Form	1 990)	2012

Schedule D (Form 990) 2012 YOUNG SURVIV			13-4057685 Page 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(1) DEPOSITS			86,823.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶ 86,823.
Part X Other Liabilities. See Form 990, Part X, li	ne 25.		
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT ABATEMENT		27,643.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨	27,643.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the	e organization's financial stateme	ents that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC 74			
			Schedule D (Form 990) 2012

232053 12-10-12

Sche	dule D (Form 990) 2012 YOUNG SURVIVAL COALITION,	INC.		13-	4057685 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater	nents Wit			
1	Total revenue, gains, and other support per audited financial statements			1	1,995,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities		12,974.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		290,314.		
е	Add lines 2a through 2d			2e	303,288.
3	Subtract line 2e from line 1			3	1,692,357.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,692,357.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,268,517.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	12,974.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	290,314.		
е	Add lines 2a through 2d			2e	303,288.
3	Subtract line 2e from line 1			3	1,965,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,965,229.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II. lines 3. 5. and 9: Pa	rt III. lines 1a	and 4: Part IV. lines 1	b and	2b: Part V. line 4: Part

X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE FUNDS ARE HELD WITH MORGAN STANLEY SMITH BARNEY

BANK TO SUPPORT YSC'S LONG TERM CAPITAL AND PROGRAMMING NEEDS.

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR
REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE SIX MONTH PERIOD FROM
JANUARY 1, 2012 THROUGH JUNE 30, 2012, YSC HAS DOCUMENTED ITS
CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN
Schedule D (Form 990) 2012

232054 12-10-12

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Schedule D (Form 990) 2012 YOUNG SURVIVAL COALITION, INC. 13-4057 Part XIII Supplemental Information (continued) 13-4057	685 Page 5
TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE	
FINANCIAL STATEMENTS. IRS FORM 990, RETURN OF ORGANIZATION EXEMPT B	ROM
INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVI	CE,
GENERALLY FOR THREE YEARS AFTER IT IS FILED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD EXPENSES REPORTED AS EXPENSE ON THE	9,717.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 10B.	
SPECIAL EVENTS EXPENSES SHOWN AS EXPENSE ON THE FINANCIAL	280,597.
STATEMENTS AND NETTED AGAINST REVENUE IN FORM 990, PART VIII, LINE	8B.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	290,314.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD EXPENSES REPORTED AS EXPENSE ON THE	9,717.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 10B.	
SPECIAL EVENTS EXPENSES SHOWN AS EXPENSE ON THE FINANCIAL	280,597.
STATEMENTS AND NETTED AGAINST REVENUE IN FORM 990, PART VIII, LINE	88.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	290,314.
Cebadula D	(Form 990) 2012
232055 12-10-12 26	₁ , 5111 330 <i>j</i> 2012

Department of the Treasury Internal Revenue Service		Attach to F	orm 990. See separate instructio	ns.		Open to Public Inspection
Name of the organization					Employer id	entification number
YOUNG SURVIVAL	COALITIO	N. INC.			13-405	7685
			tside the United States. Comple	ete if the organ		
to Form 990, Par						
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
United States.		C	procedures for monitoring the use of its	•	other assistance	e outside the
· · · · · · · · · · · · · · · · ·	1		an be duplicated if additional space is r			(6) T+-1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	ivity listed in (d ogram service, e specific type ce(s) in region) (f) Total expenditures for and investments in region
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS			
THE CARIBBEAN	0	0	LOCATED IN REGION			1,750.
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	0	0	LOCATED IN REGION			6,085.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION			1,750.
SOB-SANARAN AFRICA		0	LOCATED IN REGION			1,750.
MIDDLE EAST AND			GRANTS TO RECIPIENTS			075
NORTH AFRICA	0	0	LOCATED IN REGION			875.
3 a Sub-total b Total from continuation	0	0				10,460.

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

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0

232071 12-10-12

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sheets to Part I _____ c Totals (add lines 3a

and 3b)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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



Schedule F (Form 990) 2012

Ο.

10,460.

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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)
the IRS, or for which t	he grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter					

28

Schedule F (Form 990) 2012

13-4057685

NORTH AFRICA	1	875.	WIRE TRANSFER	٥.	

(e) Manner of

cash disbursement

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

(d) Amount of

cash grant

1,750.WIRE TRANSFER

6,085.WIRE TRANSFER

1,750.WIRE TRANSFER

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

INTERNATIONAL TRAVEL GRANTS

INTERNATIONAL TRAVEL GRANTS

INTERNATIONAL TRAVEL GRANTS

INTERNATIONAL TRAVEL GRANTS

FOR C4YW

FOR C4YW

FOR C4YW

FOR C4YW

(b) Region

CENTRAL AMERICA

AND THE CARIBBEAN

EAST ASIA AND THE

PACIFIC

SUB-SAHARAN AFRICA

MIDDLE EAST AND

YOUNG SURVIVAL COALITION, INC. Schedule F (Form 990) 2012

(c) Number of

recipients

2

7

2



(h) Method of

valuation

(book, FMV, appraisal, other)

Schedule F (Form 990) 2012

13-4057685

(f) Amount of

non-cash

assistance

0

0

0

(g) Description of

non-cash assistance

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? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form</i> 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see <i>Instructions for Form 8621</i>)	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? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

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Schedule F (Form 990) 2012 YOUNG SURVIVAL COALITION, INC. 13-4057685 Page 5
Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: TRAVEL GRANT FUNDS ARE PROVIDED TO HELP COVER
AIRFARE, TRAIN, BUS OR CAR TRANSPORTATION TO THE CONFERENCE FOR YOUNG
WOMEN AFFECTED BY BREAST CANCER (C4YW). IN ADDITION, AWARDEES RECEIVE
RECEIVE A MAXIMUM OF TWO HOTEL NIGHTS UP TO A MAXIMUM OF \$500 PER PERSON
FOR CONTINENTAL US AND PUERTO RICO RESIDENTS; A MAXIMUM OF UP TO THREE
HOTEL NIGHTS AT A MAXIMUM OF \$750 FOR CANADA, MEXICO, ALASKA OR HAWAII
RESIDENTS; AND UP TO A MAXIMUM OF \$1,500 FOR INTERNATIONAL RESIDENTS.
THESE PAYMENTS ARE ONLY REIMBURSED UPON THE PRESENTATION OF THE AWARDEES'
COMPLETED FORM, WHICH IS GENERATED BY THE VENDOR AND PERSONALIZED FOR
EACH RECIPIENT, AND TRAVEL AND HOTEL RECEIPTS. ADDITIONALLY, EACH REQUEST
FOR REIMBURSEMENT IS CROSSCHECKED AGAINST THE SIGNATURE SHEET WHICH WAS
SIGNED BY EACH RECIPIENT ONSITE AT THE CONFERENCE.

((Form	990	or	990-	·ΕΖ

Department of the Treasury	
Internal Revenue Service	

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. ► See separate instructions.

2012
Open To Public

OMB No. 1545-0047

Name of the organization							ntification number	
	URVIVAL COALITION,					13-4057		
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written or key employees listed in Form 990, P Is Use a list the term bisheat paid indicates 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	Yes		
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	o agre	ements under which	the f	undraiser is to	be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or con	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No	-				
Total								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit		oution	I s or has been notified	d it is	exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

13-4057685 Page 2 Schedule G (Form 990 or 990-EZ) 2012 YOUNG SURVIVAL COALITION, INC. 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 (add col. (a) through TDPE TDPW 8 col. (c)) (event type) (total number) (event type) Revenue 186,821. 91,051. 157,011. 434,883. 1 Gross receipts 166,724 83,824. 155,700. 406,248. 2 Less: Contributions 20,097. 7,227. 1,311. 28,635. Gross income (line 1 minus line 2) 3 Cash prizes 4 8,250. 2,500. 1,862. 12,612. 5 Noncash prizes Direct Expenses 3,500. 3,500. Rent/facility costs 7 Food and beverages 8 Entertainment 22,274. 21,116. 91,367 134,757. Other direct expenses 9 150,869, 10 Direct expense summary. Add lines 4 through 9 in column (d) -122,234. 11 Net income summary. Combine line 3, column (d), and line 10 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)) 260,619. 260,619. Gross revenue 1 2 Cash prizes Expenses 529. 529. 3 Noncash prizes Direct ¹ 80,489. 80,489. 4 Rent/facility costs 48,710. 48,710. 5 Other direct expenses % Yes Yes % Yes % X No No 6 Volunteer labor No 129,728, Direct expense summary. Add lines 2 through 5 in column (d) 130,891. Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: NY, NJ X Yes a Is the organization licensed to operate gaming activities in each of these states? No b If "No." explain: YSC HIRES A GAMING COMPANY IN NEW YORK WHO HOLDS THE LICENSE. THE ORGANIZATION ONLY HAS A LICENSE IN NEW JERSEY. X No **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes **b** If "Yes," explain:

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 YOUNG SURVIVAL COALITION, INC. 13-4	1057	685	Page 3
11 Does the organization operate gaming activities with nonmembers?	X	Yes	No
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	X No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		%
b An outside facility		100	.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name HEATHER MCGREW			
Address 🕨 61 BROADWAY, SUITE 2235 - NEW YORK, NY 10006			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	X 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 $ ightarrow $ \$			
c If "Yes," enter name and address of the third party:			
Name 🕨			
Address			
16 Gaming manager information:			
Name JENNA GLAZER			
Gaming manager compensation s 1,976.			
Description of services provided OVERALL EVENT MANAGEMENT AND VENDOR RELATION	DNS.		
Director/officer			
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?	📖	Yes	X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v) and	Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio			
232083 01-07-13 Schedule G (Forr	n 990	or 990	-F7) 2012
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SCHEDULE I								OMB No. 1545-0047
(Form 990)				l Other Assistanc s, and Individuals	-			2012
		Compl		•				
Department of the Treasury Internal Revenue Service		Compi	ete if the organizatio	Attach to For	-	rt IV, line 21 of 22.		Open to Public Inspection
Name of the organizati			LITION, INC	-				Employer identification number
		13-4057685						
	formation on Grants a							
-	ation maintain records		-					
criteria used to a	ward the grants or assis	stance?						X Yes No
	IV the organization's pro						/	
	d Other Assistance to hat received more than t					anization answered "Y	res" to Form 990, Parl	IV, line 21, for any
	Idress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	vernment		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
2 Enter total numb	er of section 501(c)(3) a	I Ind government or	L nanizations listed in th	I le line 1 table	1	1	1	•
	er of other organization							······································
	Reduction Act Notice							Schedule I (Form 990) (2012

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance						
TRAVEL GRANTS FOR C4YW	204	60,927.	0.								
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.											
SCHEDULE I, PART I, LINE 2: TRAVEL	GRANT F	UNDS ARE P	ROVIDED TO	HELP COVER							
AIRFARE, TRAIN, BUS OR CAR TRANSPO	RTATION	TO THE CON	FERENCE FO	R YOUNG WOMEN							
AFFECTED BY BREAST CANCER (C4YW) A	ND A MAX	IMUM OF UP	то тио но	TEL NIGHTS UP							
TO A MAXIMUM OF \$500 PER PERSON FO	R CONTIN	ENTAL US A	ND PUERTO	RICO							
RESIDENTS; A MAXIMUM OF UP TO THREE HOTEL NIGHTS UP TO A MAXIMUM OF \$750											
FOR CANADA, MEXICO, ALASKA OR HAWAII RESIDENTS AND UP TO A MAXIMUM OF											
\$1,500 FOR INTERNATIONAL RESIDENTS THESE DOLLARS ARE ONLY REIMBURSED UPON											
THE PRESENTATION OF THE AWARDEES COMPLETED FORM, WHICH IS GENERATED BY THE											
· · · ·											

	(Form 990)	YOUNG
Part IV	Supplemental	Information

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AGAI	NST 1	гні	SIGNA	TURE	SHEET	WHICH	WAS	SIGNED	BY	EACH	RECIE	IENT	ONSITE	АТ
ΉE	CONFI	ERI	ENCE.											
2291 -01-12													Schedule I	(Form 99
401	12 74	59	60 0046	6		2012.0	06010	37 YOUNG	SUR	VIVAL	COAL	ITION	, I 004	66

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13 - 4057685

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES ACROSS THE UNITED STATES, IT IS YSC'S GOAL THAT YOUNG WOMEN

FEEL SUPPORTED, EMPOWERED AND HOPEFUL AND MOST IMPORTANTLY, ARE NOT

LEFT TO FACE BREAST CANCER ALONE.

ESTABLISHED IN 1998, YSC WAS THE FIRST NONPROFIT ORGANIZATION TO FOCUS EXCLUSIVELY ON THE UNIQUE NEEDS OF YOUNG WOMEN AFFECTED BY BREAST CANCER. FOUNDED BY YOUNG SURVIVORS FOR YOUNG SURVIVORS, YSC BEGAN AS A GRASSROOTS ORGANIZATION TO ADVOCATE ON BEHALF OF ALL YOUNG WOMEN DIAGNOSED WITH BREAST CANCER TO INCREASE THEIR QUALITY AND QUANTITY OF LIFE. YSC HAS SINCE GROWN TO BECOME THE NUMBER ONE "GO TO" ORGANIZATION FOR YOUNG WOMEN FACING A BREAST CANCER DIAGNOSIS, REACHING WELL OVER 200,000 WOMEN A YEAR.

UNLIKE THEIR POST-MENOPAUSAL COUNTERPARTS, YOUNG WOMEN DIAGNOSED WITH BREAST CANCER OFTEN FACE A MORE AGGRESSIVE CANCER, HIGHER MORTALITY RATES, FERTILITY ISSUES AND THE POSSIBILITY AND RAMIFICATIONS OF EARLY ONSET MENOPAUSE. IN ADDITION, MANY YOUNGER WOMEN ALSO FACE FINANCIAL INSTABILITY DUE TO THE HIGH COST OF TREATMENT, AS WELL AS BODY IMAGE AND RELATIONSHIP ISSUES.

YSC SEEKS TO CHANGE THE FACE OF BREAST CANCER BY ADVOCATING TO INCREASE THE NUMBER OF STUDIES ABOUT YOUNG WOMEN AND BREAST CANCER, EDUCATING ALL YOUNG WOMEN ABOUT THE IMPORTANCE OF BEING THEIR OWN BEST HEALTH ADVOCATES AND OFFERING SUPPORT AND RESOURCES FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

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YOUNG SURVIVAL COALITION, INC.

Employer identification number 13 - 4057685

WE WORK PASSIONATELY TO CONNECT WOMEN WHOSE LIVES HAVE BEEN AFFECTED BY BREAST CANCER. YSC'S EVER GROWING COMMUNITY OF SURVIVORS AND SUPPORTERS OFFERS HOPE, STRENGTH AND EDUCATION TO INDIVIDUALS, THEIR FAMILIES AND FRIENDS AS THEY FACE THIS DISEASE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PEER-TO-PEER NETWORKING; YSC'S ON LINE COMMUNITY - A 24/7/365

COMMUNITY THAT ALLOWS WOMEN FROM AROUND THE WORLD TO CONNECT TO OTHER

YOUNG WOMEN BATTLING BREAST CANCER; C4YW - THE CONFERENCE 4 YOUNG

WOMEN, AN ANNUAL EVENT THAT BRINGS TOGETHER CLOSE TO 1,000 CANCER

SURVIVORS, CAREGIVERS, MEDICAL PROFESSIONALS, MEDICAL RESEARCHERS, AND

SOCIAL WORKERS TO ADDRESS THE CRITICAL CONCERNS AND ISSUES FACED BY

YOUNG WOMEN AFFECTED BY BREAST CANCER; EDUCATIONAL DVDS.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS FISCAL YEAR FROM A CALENDAR YEAR TO A JUNE 30 FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 11: YSC'S FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF YSC'S INTERNAL ACCOUNTANTS. THE DRAFT OF THE FORM WAS REVIEWED BY YSC'S INTERNAL ACCOUNTANTS AND CEO. THE FINAL FORM 990 WAS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF EACH TERM OF OFFICE (OR AT THE BEGINNING OF EACH CALENDAR YEAR FOR NON-OFFICE HOLDERS), BOARD OF DIRECTORS AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT THAT IS KEPT ON FILE WITH THE YOUNG SURVIVAL COALITION.

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2					
Name of the organization YOUNG SURVIVAL COALITION, INC.	Employer identification number 13-4057685					
IF ANY BOARD MEMBER, OFFICER, EMPLOYEE, STAFF MEMBER, COM	MITTEE MEMBER OR					
VOLUNTEER OF THE YOUNG SURVIVAL COALITION HAS ANY DIRECT	OR INDIRECT					
INTEREST IN, OR RELATIONSHIP TO, ANY INDIVIDUAL OR ORGANI	ZATION WHICH					
PROPOSES TO ENTER INTO A TRANSACTION WITH THE YOUNG SURVIVAL COALITION, THE						
PERSON PROVIDES PROMPT WRITTEN NOTICE OF THE INTEREST OR RELATIONSHIP TO						
THE BOARD OF DIRECTORS OF THE YOUNG SURVIVAL COALITION AN	D REFRAINS FROM					
PARTICIPATING IN ANY DISCUSSION OR VOTING ON THAT PARTICU	LAR TRANSACTION					
AND DOES NOT OTHERWISE ATTEMPT TO EXERT ANY INFLUENCE ON	THE DISCUSSION OR					
VOTING ON THAT PARTICULAR TRANSACTION WHICH WOULD AFFECT	THE OUTCOME OF THE					
DECISION MAKING PROCESS.						

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR YSC'S CEO IS REVIEWED ANNUALLY, USING COMPARABILITY DATA, BY THE YSC'S EXECUTIVE COMMITTEE IN CONSULTATION WITH THE FULL BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED IN THE BOARD'S MINUTES.

COMPENSATION FOR EMPLOYEES IS SET BY THE CEO USING COMPARISONS TO INDUSTRY STANDARDS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: YSC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 10B: YSC'S COST OF GOODS SOLD INCLUDES BOTH

BRANDED MERCHANDISE THAT YSC SELLS THROUGH EVENTS AND THE YSC WEBSITE 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) 40

09340112 745960 00466

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization Notific CUIDITITIE CONTINUES	Employer identification num
YOUNG SURVIVAL COALITION, INC.	13-4057685
AS WELL AS BRANDED MERCHANDISE THAT IS GIVEN AWAY TO	VOLUNTEERS,
CONSTITUENTS AND EVENT PARTICIPANTS. BECAUSE OF THE I	NVENTORY THAT IS
GIVEN AWAY, TOTAL COST OF GOODS SOLD IS HIGHER THAN G	ROSS SALES AND
RESULTS IN A NET LOSS ON SALES OF INVENTORY.	
FORM 990, AMENDED 990:	
THE ORIGINAL 990 WAS AMENDED TO CORRECT CONTRIBUTIONS	THAT WERE
INCORRECTLY REPORTED AS ROYALITIES. DUE TO THIS REVIS	ION, PARTS I AND
VIII AND SCHEDULES A, B AND O WERE UPDATED.	
232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2
41	COALITION, I 00466_

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II	re filing for an Automatic 3-Month Extension Additional (Not Automatic) 3-M			nal (no co	opies need	ded).		
				•	•	· ·		
Type or print	Name of exempt organization or other filer, s		identifying number, see instructions Employer identification number (EIN) or					
	YOUNG SURVIVAL COALITIO		13-4057685					
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code NEW YORK , NY 10004		ress, see instructions.	1				
Enter the F	Return code for the return that this application	is for (file a separa	te application for each return)			01		
Applicatio	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01						
Form 990-	BL	02	Form 1041-A			08		
Form 4720) (individual)	03	Form 4720			09		
Form 990-	PF	04	Form 5227			10		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above) not complete Part II if you were not already	06	Form 8870			12		
 If this is box ▶ 4 I req 5 For a 6 If the X 7 Stat 	rganization does not have an office or place of s for a Group Return, enter the organization's f . If it is for part of the group, check this bo quest an additional 3-month extension of time of calendar year, or other tax year begin e tax year entered in line 5 is for less than 12 r Change in accounting period te in detail why you need the extension DITIONAL TIME IS REQUIR	our digit Group Exe x ▶ and atta until nning JAN 1 nonths, check reas	emption Number (GEN) ch a list with the names and EINs c 15, 2013 , 2012, and endir on: Initial return	If this is fo <u>f all memb</u> ng JUN Final r	r the whole <u>o</u> ers the exte 30, 2 eturn	group, check this nsion is for. 012		
non	is application is for Form 990-BL, 990-PF, 990- refundable credits. See instructions.		· •	8a	\$	0.		
	is application is for Form 990-PF, 990-T, 4720,							
	payments made. Include any prior year overpa	yment allowed as a	a credit and any amount paid			0		
	viously with Form 8868.			8b	\$	0.		
	ance due. Subtract line 8b from line 8a. Includ		n this form, if required, by using			0.		
EF11	PS (Electronic Federal Tax Payment System).		t be completed for Part II	<u>8c</u>	\$	0.		
Under pena it is true, co	Ities of perjury, I declare that I have examined this fo rrect, and complete, and that I am authorized to pre	rm, including accomp	st be completed for Part II anying schedules and statements, and t	-	f my knowled	je and belief,		
Signature		Title 🕨 CPA		Date				
					Form 8	3868 (Rev. 1-2013)		