** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Interr	al Reve	nue Service	► Information about Form 990 and its instructions is at w	www.irs	.gov/form990.		Inspection			
A F	or th	e 2013 cale		ing J	UN 30, 20					
Bca	heck if pplicab	le: C Nami	e of organization		D Employer ide	entifica	tion number			
	Addre	ss YOT	JNG SURVIVAL COALITION, INC.							
	Name chang	je Doing	g Business As		13	3-40	57685			
	Initial return	Numi	ber and street (or P.O. box if mail is not delivered to street address)		E Telephone nu					
	Termi ated	n- <u>80</u>	BROAD STREET 170	00	6 4	<u> 16-2</u>	<u>57-3000</u>			
	Amen	ded City o	or town, state or province, country, and ZIP or foreign postal code	F	G Gross receipts \$		4,716,699.			
	Application		V YORK, NY 10004		H(a) Is this a gro					
	pendi	F Nam SAMI	e and address of principal officer:JENNIFER MERSCHDORF E AS C ABOVE			dinates? Yes X No				
-			s; X 501(c)(3)	527	If "No," atta	ach a lis	st. (see instructions)			
			V.YOUNGSURVIVAL.ORG		H(c) Group exer					
				L Year o	f formation: 199	99 <u>м</u>	State of legal domicile; NY			
Рε	rt I	Summa								
ģ	1	Briefly des	cribe the organization's mission or most significant activities: ${f SEE\ PAR}$	RT I	II, LINE	1.				
Governance										
ern			box if the organization discontinued its operations or disposed o			1				
Š			voting members of the governing body (Part VI, line 1a)			3	<u>9</u> 9			
ઍ			independent voting members of the governing body (Part VI, line 1b)			4 5	31			
Activities &			per of individuals employed in calendar year 2013 (Part V, line 2a)			6	371			
Ġ.	6		er of volunteers (estimate if necessary)ated business revenue from Part VIII, column (C), line 12			7a	0.			
Ä						7b	0.			
	a	iver uniterat	ed business taxable income from Form 990-T, line 34		Prior Year	110	Current Year			
	8	Contributio	ns and grants (Part VIII, line 1h)		4,481,46	52.	4,664,991.			
Revenue			ervice revenue (Part VIII, line 2g)		3,25		10,002.			
Ş.			income (Part VIII, column (A), lines 3, 4, and 7d)			25.	1,668.			
ď			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-588,59		-555,805.			
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,896,24		4,120,856.			
	13		similar amounts paid (Part IX, column (A), lines 1-3)		70,32		79,251.			
	14		id to or for members (Part IX, column (A), line 4)			0.	0.			
S	15	Salaries, of	her compensation, employee benefits (Part IX, column (A), lines 5-10)	2,308,24	13.	2,390,916.				
ınse.	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0.	<u> 25,700.</u>			
Expenses	b	Total fundr	alsing expenses (Part IX, column (D), line 25) 405,060.	•						
Ü,	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,595,43		<u>1,401,131.</u>			
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,973,9		3,896,998.			
	19	Revenue le	ss expenses. Subtract line 18 from line 12		-77,73		223,858.			
Net Assets or Fund Balances				Beg	inning of Current		End of Year			
sset			s (Part X, line 16)		1,363,20		1,728,539.			
et A Ind [ies (Part X, line 26)		151,29		291,505.			
			or fund balances. Subtract line 21 from line 20		1,211,9	<u>L .L . </u>	1,437,034.			
	rt II		ure Block ry, I deelare that I have examined this return, including accompanying schedules and	d atatama	inter and to the has	t of mu	knowledge and helief it is			
			ry, i deepare that I have examined this return, including accompanying schedules and lete. Declaration of preparer (other than officer) is based on all information of which pi				viromicaño ana neligi [†] it 12			
u ue,	COHE	or, and comp	ete. Declaration of preparer (officer than officer) is based on an information of which pi	hieha(GI I	nas any Miowicoge	14-	1,5			
C1		Siona	ture of officer		Date	ŀ	7 No.			
Sign		1,	NIFER MERSCHOORF, CEO							
Her	9		or print name and title							
		<u> </u>	propagario pomo	Λ D:	ate ch	eck	PTIN			
Paid		I I I I I I I	`	4 1	<i>[17 11</i>	f-employed	- P 00311195			
Prep		Firm's nam		, 1	Firm's El		52-1392008			
Use			ess 4550 MONTGOMERY AVE SUITE 650N							
	•		BETHESDA, MD 20814-2930		Phone no	o. (3 0	1) 951-9090			
May	the II	RS discuss	this return with the preparer shown above? (see instructions)				X Yes No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YOUNG SURVIVAL COALITION (YSC), HEADQUARTERED IN NEW YORK CITY, IS THE
	LARGEST NATIONAL ORGANIZATION DEDICATED TO THE CRITICAL ISSUES UNIQUE
	TO YOUNG WOMEN AND BREAST CANCER. YSC WORKS WITH SURVIVORS, CAREGIVERS
	AND THE MEDICAL, RESEARCH, ADVOCACY AND LEGISLATIVE COMMUNITIES TO
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,732,962 • including grants of \$ 79,251 •) (Revenue \$ 14,953 •)
	YSC TODAY HAS MORE THAN 90 FACE 2 FACE NETWORKS NATIONWIDE (HOSTED BY
	MEETUP.COM) AND A VIBRANT ONLINE BULLETIN BOARD AND FACEBOOK COMMUNITY.
	THE ORGANIZATION HOSTS REGIONAL SYMPOSIUMS EACH YEAR, AS WELL AS THE
	YSC SUMMIT, THE ONLY NATIONAL CONFERENCE DEDICATED TO THE UNIQUE ISSUES
	OF YOUNG WOMEN WITH BREAST CANCER. YSC ALSO PRODUCES FREE EDUCATIONAL
	RESOURCES, SUCH AS OUR NAVIGATOR SERIES, WITH USEFUL INFORMATION ABOUT
	EVERY PHASE OF TREATMENT AND SURVIVORSHIP. VISIT YOUNGSURVIVAL.ORG TO
	LEARN MORE OR ORDER THESE OR OTHER YSC MATERIALS. YSC SEEKS TO CHANGE
	THE FACE OF BREAST CANCER BY: ADVOCATING FOR MORE RESEARCH STUDIES
	BASED ON YOUNG WOMEN AND BREAST CANCER; EDUCATING YOUNG WOMEN ABOUT THE
	IMPORTANCE OF BREAST HEALTH; AND SERVING AS A SUPPORT NETWORK TO THE
	250,000 WOMEN LIVING IN THE U.S. TODAY WHO WERE DIAGNOSED WITH BREAST
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{OCO}}\) (Revenue \$
<u>4e</u>	Total program service expenses ▶ 2,732,962.
	Form 990 (2013)

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(s) or 4947(a)(1) (other than a private foundation)? 1 I X 2 Is the organization region in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 J X 3 Section 501(c)(3) organization. Dt the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization section 501(c)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 3819? If "Yes," complete Schedule C, Part III 6 Did the organization section 501(c)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 3819? If "Yes," complete Schedule C, Part III 6 Did the organization section 501(c)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 3819? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land rates, or hatorics including assements to preserve open space. 7 The environment, historic land rates, or hatorics including assements to preserve open space. 8 The environment, historic land rates, or hatorics including assements to preserve open space. 9 The environment, historic land rates, or hatorics including assements to preserve open space. 9 The environment, historic land rates, or hatorics including assements to preserve open space. 9 The environment, historic land rates, or hatorics including assembly assembly in the propriet schedule P, Part II 9 Did the organization report an amount in Part X, line 21, or secret repair, or other special pressure assembly a				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributions 3 Did the organization engage in direct or indices of potential campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 A Section 801(c)(8) organization. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during that support in Schedule C, Part II 5 Is the organization asciton 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as defined in Revenue Procedure 9 819 If "Yes," complete Schedule C, Part III 5 Is the organization asciton 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as defined in Revenue Procedure 9819 If "Yes," complete Schedule C, Part III 6 Did the organization maritain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maritain collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule D, Part II 8 Did the organization maritain collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule D, Part II 9 Did the organization maritain collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule D, Part IV 10 Did the organization amount in Part X, line 21, for escrove or custodial account liability, serve as a custodian for amounts in such listed in Part X, ine 12 the secret organization and part in Part X, line 12 the secret organization report an amount for leads organization, decided organization, decided organization, decided organization report an amount for investments - order assessin in part X, line 10 If the organization in export an amount for investments - other securities in Part X, line 10 If the organization report an amount for investments - other securities in Part X,	1				
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5 Is the organization a section 601(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part II Pict the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Pict the organization meintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Pict the organization meintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part II Pict," complete Schedule D, Part II Pict," complete Schedule D, Part II Pict, "complete Schedule D, Part II Pict," complete Schedule D, Part II Pict," complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, Part IV Pict, "complete Schedule D, Part IV Pict," complete Schedule D, Part IV Pict, Part IV Pict, "complete Schedule D, Part IV Pict, Part IV Pict, Part IV Pict, "complete Schedule D, Part IV Pict, Part IV Pict	4		١,		v
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or pusi-endowments, or	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17		17	X	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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20aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H20aXbIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b		complete Schedule G, Part III	19	Х	
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(0.5 : -

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	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	27		Х
28	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	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 53 58 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter 6-bill not applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 31 2b. X 2a. 31 2b. If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2b. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -6th eige instructions) 3b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 3a. 3b. If the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. A tax by time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4a. A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5b. Was the organization a party to a prohibited tax shelter franaection account? 5c. West the organization aparty to a prohibited tax shelter franaection account? 5c. West the organization aparty to a prohibited tax shelter franaection account? 5c. West the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter tranaection? 5c. West the organization aparty to a prohibited tax shelter franaection? 5c. West to lite the sorganization and party to a prohibited tax was or is a party to a prohibited tax shelter tranaection? 5c. West to lite the organization and party to a prohibited tax was or is a party to a prohibited tax was helter tranaection? 5c. West to lite organization and party to a prohibited tax shelter tranaect	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63			
dispatching winnings to prize winners? 2	b		1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this result. 2b If at least on is reported on line 2a, did the organization field is equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the relatered business gross income of \$1,000 or more during the relatered varie, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Pure or the name of the foreign country. Pure or the name of the foreign country. Pure organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Pure organization have minerast in, or a signature or other authority over, a financial account in a foreign country. Pure organization have in interest in, or a signature or other authority over, a financial account in a foreign country. Pure organization have interest in the country of the complex of the compl	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
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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. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Usas Was the organization party to a prohibited tax shelter transaction? 5a Was 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? 5b If "Yes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7a X 8d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract? 7a X 7b If the organization receive any funds, directly or indirectly, or a personal benefit contract? 7b If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c X 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.7 7a Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organizations file a Form 1098.7 7b Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098.7 7c A Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098.7 7c A Spensoring organization make a distribution to a donor, donor advisor, or related person? 8 Spensoring organization make a distribut	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization make any taxable distributions under section 4966? N/A granization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting N/A organization make a distribution to a donor, donor advised, or related person? N/A b Coross income from there so or shareholders f Organization in		financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		Х
Sa X	b	If "Yes," enter the name of the foreign country:		ľ			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 P'es," indicate the number of Forms 8282 filed during the year 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 13 If the organization received a contribution of cars, boats, aniphanes, or other wholices, did the organization file a Form 1098-C? 13 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4986? 14 Did the organization make any taxable distribution sunder section 4986? 15 Section 501(c)(7) organizations. Enter: 16 Initiation fees and capital contribution to a donor, donor advisor, or related person? 17 Did the organization make a distribution to a donor, donor advisor, or related person? 18 Section 501(c)(7) organizations. Enter: 19 Initiation fees and capital contributions included on P		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accoun	ts.			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12a 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10						
a Gross income from members or shareholders N/A 11a	а						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	11						
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		7					
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13b 13b 13c 14a X					12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				NT / 7	46		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а			N/A	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ا یمدا				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			<u> </u>		44		v
	a	if res, thas it filed a Forth (20 to report these payments?) No, provide an explanation in Schedule				990	(2012)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
	Did the organization have local chapters, branches, or affiliates?	L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	📙	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	Х
b	Other officers or key employees of the organization		15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		16a		23
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	and the second s		16b		
Sec	exempt status with respect to such arrangements?		IUU		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nlv) av	ailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,, av	anud		
	X Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest police.	v. and	finan	cial	
	statements available to the public during the tax year.	,, and			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	anizatio	on: D	•	
	LILY HANSON - 646-257-3027				
	80 BROAD STREET, SUITE 1700, NEW YORK, NY 10004				

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

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

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	ox, unless per fficer and a di		s person is both and a director/trustee)			compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN KENNEDY	15.00	,,		ν,					0	
PRESIDENT	15 00	Х		Х		<u> </u>		0.	0.	0.
(2) COURTNEY HAGAN	15.00	Į.,		٦,				0.	0.	0
VICE PRESIDENT (3) JOHN HENNESSY	10 00	Х		Х		_		0.	0.	0.
(3) JOHN HENNESSY SECRETARY	10.00	x		x				0.	0.	0.
(4) MIKE WIRTH	10.00									
TREASURER		x		Х				0.	0.	0.
(5) TANIA CHOMIAK-SALVI	5.00									
BOARD MEMBER		X						0.	0.	0.
(6) KAREN LAWSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DESIREE WALKER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LISE GEDULDIG	5.00	ļ								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(9) KAREN KOCHEVAR	5.00	ļ.,							0	0
BOARD MEMBER	40.00	Х	-					0.	0.	0.
(10) JENNIFER MERSCHDORF CHIEF EXECUTIVE OFFICER	40.00	ł		x				144,612.	0.	18,285.
(11) HEATHER MCGREW	40.00							111/0120	•	10/2031
CHIEF OPERATIING OFFICER	1000	1		х				120,276.	0.	10,712.
(12) STACY LEWIS	40.00									
CHIEF PROG. OFF./DEPUTY CHIEF OFF.				Х				124,400.	0.	17,380.
		-								
		-								

Form **990** (2013)

	1 990 (2013) YOUNG SUI								NC.	13-4	05/	685	P	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	э	Es	timat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	an	nount	of
		week	\vdash	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any	rector						the	organization			pens	
		hours for related	or director	8			ated		organization	(W-2/1099-MI	SC)		om th	
		organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC)			_	aniza [.] d rela [.]	
		below	dual tr	tional	١.	yoldr	st con yee	_					anizat	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9		
			 -	┢	Ť	_		_						
			1											
			1											
			1											
			1											
1b	Sub-total							ightharpoons	389,288.		0.	4	<u>6,3</u>	77.
	Total from continuation sheets to Part V							ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	389,288.		0.	4	<u>6,3</u>	77.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no r	received more than \$100	0,000 of reportab	ole			_
	compensation from the organization													3
											ſ		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee,	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J i	for such individual			4	X	
5	Did any person listed on line 1a receive or a	•				,			•		3			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co		-								npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)			(C	•	
~ 1	Name and business	address						_	Description of s	services	\vdash	ompe	nsatio	ori —
	PRODUCTIONS	NT 000	2 2					ļ		MG	1	10	1 ^	0.0
	SUTTON ROAD, LEBANON,							_	EVENT PLANNI	NG		ТЯ	Ι,8	86.
	FFA, PC, 1899 L STREET	, NW, #:	901	υ,					3 CCC113177777		1	1 2	2 1	40
WA;	SHINGTON, DC 20036							_	ACCOUNTING		<u> </u>	⊥3	∠,1	42.
											1			
											<u> </u>			

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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

2

\$100,000 of compensation from the organization

Form 990 (20)	13) YOUNG SURVIVAL COALIT	TON,	INC.		13-405/	000	Page 3
Part VIII	Statement of Revenue						
	Check if Schedule O contains a response or note to any li	ne in this	Part VIII				\square
			(A)	(B)	(C)	Revenue))

		Check if Schedule O contain	ins a respo	nse	or note to any lin	e in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
s, G		Fundraising events			1,629,097.				
äift ar,		Related organizations							
is, (Government grants (contribution							
ion r Si		All other contributions, gifts, grants							
but		similar amounts not included above			3,035,894.				
ntri d O	ç	Noncash contributions included in lines 1	a-1f: \$						
Co	_	Total. Add lines 1a-1f			>	4,664,991.			
					Business Code				
ø	2 8	PROGRAM SERVICE FEES			900099	10,002.	10,002.		
r vic	k			_		·			
Program Service Revenue				_					
am									
ogr R	6			_					
P	f	All other program service reven	ue	_					
		Total. Add lines 2a-2f				10,002.			
	3	Investment income (including d							
		other similar amounts)				1,668.			1,668.
	4	Income from investment of tax-							
	5	Royalties							
		Ţ	(i) Real		(ii) Personal				
	6 a	Gross rents	.,		,				
	k	Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
		Gross amount from sales of	(i) Securiti		(ii) Other				
		assets other than inventory			,				
	k	Less: cost or other basis							
		and sales expenses							
		Gain or (loss)							
		Net gain or (loss)							
ø.		Gross income from fundraising			Í				
nue		including \$ 1,629,	097. of						
eve		contributions reported on line 1							
r.		Part IV, line 18	,	а	13,047.				
Other Rever	k	Less: direct expenses			565,349.				
0		Net income or (loss) from fundr	aising ever	nts		-552,302.			-552,302.
	9 a	Gross income from gaming acti	ivities. See						
		Part IV, line 19		а	11,208.				
	k	Less: direct expenses			19,662.				
	c	Net income or (loss) from gamir	ng activities	s		-8,454.			-8,454.
	10 a	Gross sales of inventory, less re	eturns						
		and allowances		a	15,783.				
	k	Less: cost of goods sold		. b	10,832.				
	c	Net income or (loss) from sales	of inventor	ry		4,951.	4,951.		
		Miscellaneous Revenue			Business Code				
	11 a	1							
	k								
	c	·							
	C	All other revenue							
	•	Total. Add lines 11a-11d			▶				
06.5	12	Total revenue. See instructions.			>	4,120,856.	14,953.	0.	, , , , , , , , , , , , , , , , , , , ,
33200 10-29	9 -13						·		Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 79,251. 79,251. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 444,969. 248,522. 184,235. trustees, and key employees 12,212. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,420,424. 1,136,292. 174,930. 109,202. Other salaries and wages 7 Pension plan accruals and contributions (include 5,564. 5,564. section 401(k) and 403(b) employer contributions) Other employee benefits 374,683. 258,615. 88,508. 27,560. 9 145,276. 107,946. 27,880. 9,450. 10 Fees for services (non-employees): Management 20,275. 5.282. 14,993. Legal 23,082. 22,938. 144. Accounting 25,700. 25,700. Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 220,096. 119,434. 52,874. 47,788. column (A) amount, list line 11g expenses on Sch O.) 1,928. 1,450. 217. 261. Advertising and promotion 12 287,853. 200,896. 37,223. 49,734. 13 Office expenses 133,197. 64,544. 47,139. 21,514. Information technology 14 15 Royalties 301,212. 184,511. 53,046. 63,655. 16 Occupancy 127,067. 95,567. 12,354. 19,146. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 167,325. 155,690. 7,147. 4,488. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,608. 25,804. 15,667. 5,529. 22 Depreciation, depletion, and amortization 13,967. 8,480. 2,494. 2,993. 23 Other expenses. Itemize expenses not covered 24 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 O.) 5,775. 26,950. 16,362. 4,813. MOVING EXPENSES **EQUIPMENT & RENTAL** 18,712. 12,558. 2,718. 3,436. 13,588. 12,258. SUBSCRIPTIONS/PUBS 11,489. 578. 1,521. 12,258. UNCOLLECTIBLE PLEDGES 7,817. 4,842. 1,231. 1,744. All other expenses 3,896,998. 2,732,962. 758,976. 405,060. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2013)

if following SOP 98-2 (ASC 958-720)

Check here

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any l	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			385,964.	1	513,576
2	Savings and temporary cash investments			208,340.	2	293,275
3	Pledges and grants receivable, net			410,265.	3	467,885
4	Accounts receivable, net			81,509.	4	6,794
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ted emp	loyees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualif					
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	on 501(c	c)(9) voluntary			
<u>ب</u>	employees' beneficiary organizations (see instr).		6			
Assets 7	Notes and loans receivable, net				7	
ة ×	Inventories for sale or use				8	
9	Duran sid assessment all defense de la conse			108,379.	9	29,799
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	215,678.			
b	Less: accumulated depreciation	10b	94,923.	12,799.	10c	120,755
11	Investments - publicly traded securities		11	208,686		
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		155,952.	15	87,769	
16	Total assets. Add lines 1 through 15 (must equa			1,363,208.	16	1,728,539
17	Accounts payable and accrued expenses			144,904.	17	186,097
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete F				21	
ဖ္က 22	Loans and other payables to current and former					
≝	key employees, highest compensated employee	s, and di	squalified persons.			
Liabilities 23	Complete Part II of Schedule L				22	
⊐ ₂₃	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	I third pa	ırties		24	
25	Other liabilities (including federal income tax, pay	ables to	related third			
	parties, and other liabilities not included on lines	17-24). (Complete Part X of			
	Schedule D			6,393.	25	105,408
26	Total liabilities. Add lines 17 through 25			151,297.	26	291,505
	Organizations that follow SFAS 117 (ASC 958)	, check	here ▶ X and			
es	complete lines 27 through 29, and lines 33 and	d 34.				
을 27	Unrestricted net assets			796,951.	27	1,151,446
[28	Temporarily restricted net assets			214,960.	28	85,588
할 29				200,000.	29	200,000
호	Organizations that do not follow SFAS 117 (AS	SC 958),	check here ▶ ☐			
Net Assets or Fund Balances 2	and complete lines 30 through 34.					
ਹੂ 30	Capital stock or trust principal, or current funds				30	
Š 31	Paid-in or capital surplus, or land, building, or eq				31	
ਰ 32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
ž 33	Total net assets or fund balances			1,211,911.	33	1,437,034
34	Total liabilities and net assets/fund balances			1,363,208.	34	1,728,539

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,89		
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,21		
5	Net unrealized gains (losses) on investments	5		<u>1,2</u>	<u>65.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,43	7,0	<u>34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	U			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or guidita, explain why in Schodula O and describe any stone taken to undergo quah guidita		26		l

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

Pa	rt I	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
Γhe	organi	zation is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state	-			•				•	•		·
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	X			eives a substantial part					or from the	general	nublic de	scribed	in
			b)(1)(A)(vi). (Comple		or ito oupp		govornine	intal arms o		gonora	pablic de	20011204	
8				ection 170(b)(1)(A)(vi).	Complete	Part II)							
9	一			eives: (1) more than 33 1			rom contri	hutions m	nemhershii	n fees la	and aross	receints	from
Ŭ				nctions - subject to certa									
			•	axable income (less sect	•	•	•				•		
			509(a)(2). (Complete			x, nom ba	01110000000	loquilou b	y the orga	mzation	arter barr	0 00, 10	70.
10				perated exclusively to te	st for nubl	ic safety 9	See sectio	n 509(a)(4	ı)				
11	一	-	-	perated exclusively for the	=	-			-	out the	nurnose	s of one	or
••		Ü		ations described in section		′ '		,		•			OI .
				organization and comple				.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)(0). On	CON THO E	OX triat	
		a Type I				nctionally		d	Type	e III - No	n-function	nally inte	arated
е			•	at the organization is not		•	-		• • •			•	-
·				han one or more publicly									
f				ten determination from t						/(α)(1) ΟΙ	00011011	,00(u)(L).	
•			rganization, check th	to to an									
g				nis box organization accepted ar									. —
9				irectly controls, either al							,	Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) of									
h				about the supported org							[3(,	
		Trovide the it	onowing imormation	about the supported of	garnzation	(0).							
/:\	Nama	of ourported	/::\	(!!!) Type of organization	(iv) Is the o	rnanization	(v) Did voi	notify the	(vi) Is organizațio	the	(viii) Ama	unt of mo	notoni
(1)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the organization (v) in col. (i) listed in your or			organization in col.		n in col.	(vii) Amo	unt of mo support	iietai y
	orgu	mzation		`above or IRC section	governing	document?	(i) of your	support?	(i) organizi U.S.	?		арроп	
				(see instructions))	Yes	No	Yes	No	Yes	No			
Гotа	ıl												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,127,240.	3,015,700.	1,681,845.	4,481,462.	4,664,991.	16,971,238.
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						
4	Total. Add lines 1 through 3	3,127,240.	3,015,700.	1,681,845.	4,481,462.	4,664,991.	16,971,238.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,760,911.
6	Public support. Subtract line 5 from line 4.						14,210,327.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	3,127,240.	3,015,700.	1,681,845.	4,481,462.	4,664,991.	16,971,238.
	Gross income from interest,	, , , , , , , , , , , , , , , , , , , ,	7 7		-,,	- / /	
٠	dividends, payments received on						
	securities loans, rents, royalties						
		816 621	825,614.	70.	125.	1,668.	1,644,098.
۵	and income from similar sources Net income from unrelated business	010/0211	023,0110	700	1234	1,000	_,0,
Э							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			7,967.	9,033.		17,000.
	assets (Explain in Part IV.)			7,307.	9,033.		18,632,336.
	Total support. Add lines 7 through 10						103,091.
12	•	•	,			12	103,091.
13	First five years. If the Form 990 is for	-			•		. —
Sec	organization, check this box and stoperion C. Computation of Publ	ic Support Pe	rcentage				P
				- L (f))		44	76.27 %
	Public support percentage for 2013 (•			15	77
	Public support percentage from 2012					L	
168	33 1/3% support test - 2013. If the						
	stop here. The organization qualifies						
	33 1/3% support test - 2012. If the						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	and see instructions	s ▶∟

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	(=) 0000	(h) 0040	(5) 0044	(d) 0010	(4) 0040	(c) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
c Add lines 10a and 10b 11 Net income from unrelated business						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
c Add lines 10a and 10b 11 Net income from unrelated business						
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						
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						
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						
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	eation,
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here				•		
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.)				•		
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2013 (lines 10 to	c Support Pe	rcentage livided by line 13, o	column (f))			<u></u>
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here	c Support Pe ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, o	column (f))		15	<u>*************************************</u>
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (life Public support percentage from 2012)	c Support Pe ne 8, column (f) o Schedule A, Part	rcentage livided by line 13, o III, line 15	column (f))		15	<u>*************************************</u>
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (lines 1) 15 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage for 20	c Support Pe ne 8, column (f) o Schedule A, Part stment Incom 13 (line 10c, colur	ivided by line 13, of lll, line 15 e Percentage mn (f) divided by line	column (f))		15 16	% %
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (limes 1) 15 Public support percentage from 2012 Section D. Computation of Inves	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colur 2012 Schedule A,	ircentage ivided by line 13, of the line 15 in the line 15 in the line 17 in the	ne 13, column (f))		15 16 17 18	% % %
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	c Support Pene 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, column 2012 Schedule A, organization did r	ircentage iivided by line 13, of lill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (lines 10 Public support percentage from 2012) Section D. Computation of Investing Investment income percentage from 2018 Investment income percentage from 2019 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box are	c Support Pe ne 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, colum 2012 Schedule A, organization did rand stop here. The	ircentage livided by line 13, of lill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organi	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colun 2012 Schedule A, organization did r nd stop here. The organization did r	ircentage livided by line 13, or lill, line 15 e Percentage mn (f) divided by line 17 not check the box a organization qualitation check a box or	on line 14, and line ifies as a publicly so line 14 or line 19a	e 15 is more than supported organia	15 16 17 18 33 1/3%, and line 1 2 2 2 2 2 1 2 3 1/3%, and ore than 33 1/3%,	% % % 7 is not

** PUBLIC DISCLOSURE COPY

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 13-4057685 YOUNG SURVIVAL COALITION, INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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** 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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

YOUNG SURVIVAL COALITION, INC.

13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Langes is needed	1037003
	Contributors (see instructions). Use duplicate copies of Part I if additional		I
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,437,665.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 233,335.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

YOUNG SURVIVAL COALITION, INC.

13-4057685

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
222452 10 24		Schodulo B (Form (190 990-F7 or 990-PF) /2013

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number YOUNG SURVIVAL COALITION INC. 13-4057685 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public

Open to Public Inspection

Employer identification number Name of the organization YOUNG SURVIVAL COALITION, INC. 13-4057685 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, 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 revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 33/051

Schedule D (Form 990) 2013

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	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	er Similaı	r Asset	S (contin	ued)	.90
3	Using the organization's acquisition, accessio	n, and other record	s, check any of the	following that are a	significant us	se of its o	ollection	n items	 s
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange programs					
b	Scholarly research	е		0 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	n how they further th	ne organization's ex	empt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	•	•	•					
	to be sold to raise funds rather than to be mai						Yes		No
Pai	t IV Escrow and Custodial Arrang						ne 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other assets no	t included		_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete if	the organization an		m 990, Part IV, line	1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back	(e) Four	years b	oack_
1a	Beginning of year balance	205,831.	205,959.	206,226.	20	6,351.		106,	340.
b	Contributions							100,	000.
С	Net investment earnings, gains, and losses	2,531.	-128.	-128.		-125.			11.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								11.
f	Administrative expenses								
g	End of year balance	208,362.	205,831.	205,959.	20	6,226.		206,	351.
2	Provide the estimated percentage of the curre		e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment ►95.99	%							
С	Temporarily restricted endowment ▶4	··01 %							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	nd administered for	the organiza	tion	_		
	by:						\vdash	Yes	No
	(i) unrelated organizations						3a(i)		<u>X</u>
	(ii) related organizations						3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm	1 ' '		Accumulated epreciation		(d) Bool	value	;
1a	Land								
	Buildings								
	Leasehold improvements			8,025.	1,43			5,58	
d	Equipment			3,597.	55,13			3,45	
	Other			4,056.	38,34	5.		5,71	
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part .	X, column (B), line 1	0(c).)			120	75, (ა5.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			87,769.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	87,769.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT ABATEMENT		105,408.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2013

(9)

105,408.

4c

3,896,998

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	·		•		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,784,125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	1,265.		
b	Donated services and use of facilities	2b	66,161.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	595,843.		
е				2e	663,269.
3	Subtract line 2e from line 1			3	4,120,856.
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	4,120,856.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,559,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	66,161.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	595,843.		
е					
-	Add lines 2a through 2d			2e	662,004.
3	A ded the end On the country Ord			2e 3	3,896,998.

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

b Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 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:

c Add lines 4a and 4b

EXPLANATION: THE FUNDS ARE HELD WITH MORGAN STANLEY SMITH BARNEY BANK TO SUPPORT YSC'S PROGRAMMING NEEDS.

PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, YSC HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

THREE YEARS AFTER IT IS FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT & GAMING EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART

VIII LINE 8B & 9B. 585,011.

COST OF GOOD SOLD REPORTED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART

VIII LINE 10B. 10,832.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 595,843.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT & GAMING EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART

VIII LINE 8B & 9B. 585,011.

COST OF GOOD SOLD REPORTED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART

VIII LINE 10B. 10,832.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 595,843.

Schedule D (Form 990) 2013

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

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

Employer identification number

Name of the organization 13-4057685 YOUNG SURVIVAL COALITION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants g X Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) from activity fundraiser or control of organization contributions listed in col. (i) CADENCE SPORTS - 3019 ALVIN LONG TERM FUNDRAISING Yes No DEVANE BLVD BLDG 1, STE 160 STRATEGY Х 0 25,700 -25,700. 25.700. -25.700. **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Scho Pa		ule G (Form 990 or 990-EZ) 2013 YOUNG S				4057685 Page 2 more than \$15,000
		of fundraising event contributions and gr	_			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TDP WEST	TDP EAST	5	(add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	301. (3))
Revenue	1	Gross receipts	413,688.	608,124.	620,332.	1,642,144.
	2	Less: Contributions	411,431.	597,573.	620,093.	1,629,097.
	3	Gross income (line 1 minus line 2)	2,257.	10,551.	239.	13,047.
	4	Cash prizes				
S	5	Noncash prizes	8,755.	10,130.	12,611.	31,496.
pense	6	Rent/facility costs	70,012.	73,216.	1,910.	145,138.
Direct Expenses	7	Food and beverages	809.	2,002.	1,733.	4,544.
	8	Entertainment Other direct expenses	142,058.	145,056.	97,057.	384,171.
	10		n 9 in column (d)		_	565,349. -552,302.
Pa	rt	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	332,332
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue			11,208.	11,208.
Se	2	Cash prizes				
Expenses	3	Noncash prizes			18,862.	18,862.
Direct F	4	Rent/facility costs				
	5	Other direct expenses			800.	800.
	6	Volunteer labor	Yes % No	Yes % No	X Yes 80.00 %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	19,662.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	<8,454.
9	Fn	nter the state(s) in which the organization opera	tes gaming activities: G	A		
а	ls ·	the organization licensed to operate gaming ac "No," explain:	_			X Yes No
J	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes X No
		"Yes," explain:	, 22, 23, 400		,	

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

	405/685	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:	1 1	
a The organization's facility	13a	%
b An outside facility	1 1 1 1	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ JENNA GLAZER		
Address ► 80 BROAD STREET, SUITE 1700 - NEW YORK, NY 10004		
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 >\$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name KRISTIN STANLEY		
Gaming manager compensation ▶ \$1,846.		
WANAGEG OVERALL GAMING PROGEGG		
Description of services provided MANAGES OVERALL GAMING PROCESS.		
Director/officer X Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	Ob, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
COMEDINE O DADE I IINE OD LICE OD BEN HIGHERE DAID DIMDDAICE	na.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	<u>xo:</u>	
(I) NAME OF FUNDRAISER: CADENCE SPORTS		
TI MAND OF TOMBRAIGHR. CADENCE STORES		
(I) ADDRESS OF FUNDRAISER:		
3019 ALVIN DEVANE BLVD BLDG 1, STE 160, AUSTIN, TX 78741		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

YOUNG SUF	13-4057685										
Part I General Information on Grants a											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or assistance?											
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Grants and Other Assistance to	Governments and	d Organizations in th	e United States.	Complete if the org	anization answered "	Yes" to Form 990, Part I	V, line 21, for any				
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
							?				
3 Enter total number of other organizations listed in the line 1 table											

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

(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 assistanc
C4YW TRAVEL GRANTS	210	79,251.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2, Part III, column	ı (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: YSC REQUIRES THAT AI	L GRANTEE;	S SUBMIT D	OCUMENTATI	ON OF NEED	
PRIOR TO A GRANT BEING MADE BY YS	SC. YSC TH	EN APPROVE	S ALL EXPE	NSES AND	
ATTACHED DOCUMENTATION BEFORE FUN	IDS ARE RE	LEASED TO	THE GRANTE	E.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant ☐ Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a a The organization? X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) JENNIFER MERSCHDORF	(i)	134,612.	10,000.	0.	1,435.	16,850.	162,897.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
EXPLANATION: JENNIFER MERSCHOORF AND STACY LEWIS RECEIVED BONUSES OF
\$10,000 AND \$3,000, RESPECTIVELY, IN 2013.

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

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

Inspection

Name of the organization

YOUNG SURVIVAL COALITION, INC. **Employer identification number** 13-4057685

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

INCREASE THE OUALITY AND LENGTH OF LIFE FOR WOMEN WHO ARE DIAGNOSED

WITH BREAST CANCER AT THE AGE OF 40 OR YOUNGER.

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

CANCER BEFORE THEIR 41ST BIRTHDAY.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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.

IF ANY BOARD MEMBER, OFFICER, EMPLOYEE, STAFF MEMBER, COMMITTEE MEMBER OR VOLUNTEER OF THE YOUNG SURVIVAL COALITION HAS ANY DIRECT OR INDIRECT OR RELATIONSHIP TO, ANY INDIVIDUAL OR ORGANIZATION WHICH INTEREST IN, PROPOSES TO ENTER INTO A TRANSACTION WITH THE YOUNG SURVIVAL COALITION, PERSON PROVIDES PROMPT WRITTEN NOTICE OF THE INTEREST OR RELATIONSHIP TO THE BOARD OF DIRECTORS OF THE YOUNG SURVIVAL COALITION AND REFRAINS FROM PARTICIPATING IN ANY DISCUSSION OR VOTING ON THAT PARTICULAR TRANSACTION

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

Employer identification number 13-4057685

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:

EXPLANATION: 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. THE CEO'S COMPENSATION IS REVIEWED BY THE

BOARD OR DIRECTORS AND, WITH ITS APPROVAL, IS GIVEN AN INCREASE AND BONUS.

IN 2013, THE CEO'S INCREASE AND BONUS WAS APPROVED BY THE PRESIDENT OF THE

BOARD OF DIRECTORS. THE CEO APPROVES THE COMPENSATION FOR ALL STAFF, BUT,

IN THE CASE OF THE CEO'S BONUS AND INCREASE, IT IS APPROVED AND SIGNED BY

THE PRESIDENT. A COPY OF SALARY RECOMMENDATIONS FOR ALL STAFF (INCLUDING

THE CEO) IS KEPT IN PERSONNEL FILES. THE MOST RECENT COMPENSATION REVIEW

FOR THE ORGANIZATION EXECUTIVE DIRECTOR WAS DONE ON SEPTEMBER 3, 2013.

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,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: YSC'S GOVERNING DOCUMENTS, THE FINANCIAL STATEMENTS, AND

CONFLICT OF INTEREST STATEMENT ARE AVAILABLE UPON REQUEST. YSC'S FINANCIAL

STATEMENTS ARE AVAILALE ON THEIR WEBSITE.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X			
	are filing for an Additional (Not Automatic) 3-Month Ex								
Do not o	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.				
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation									
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension									
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain									
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,			
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		,		· ·	,			
Part I			submit original (no copies nee	eded).					
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Part I on				-	•				
	corporations (including 1120-C filers), partnerships, REM				sion of time				
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Type or	Name of exempt organization or other filer, see instru		r identification numl						
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	YOUNG SURVIVAL COALITION,	INC.			13-4057685				
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, s 80 BROAD STREET, NO. 1700	Social se	Social security number (SSN)						
return. See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.						
	NEW YORK, NY 10004								
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicat	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	0 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 99		02	Form 1041-A	08					
	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	·	04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	0-T (trust other than above)	06							
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-		- (- Al 1 I-	Fax No.						
	organization does not have an office or place of business								
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box 🕨					ers the extension is	s tor.			
1 I re	equest an automatic 3-month (6 months for a corporation	-							
	FEBRUARY 15, 2015, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension				
is	is for the organization's return for:								
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•	$lacksquare$ tax year beginning $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$								
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on:	Final retur	'n				
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069.	enter the tentative tax, less any						
	nrefundable credits. See instructions.	За	\$	0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069		7						
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.			
_	lance due. Subtract line 3b from line 3a. Include your pa			3b	 				
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.			
	. If you are going to make an electronic funds withdrawal			3453-EO ai	nd Form 8879-EO fo	or payment			
instructi		-	,						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13 Form 8868 (Rev. 1-2014)